



dreamcatcher™  
nature assisted therapy

1320394 Alberta Ltd. a.k.a. Dreamcatcher™

53044 RR #213 Ardrossan, Alberta, T8G 2C4

Ph: (780)-809-1047 Fax: (780)-809-1046

[info@dreamcatcherassociation.com](mailto:info@dreamcatcherassociation.com)

[www.dreamcatcherassociation.com](http://www.dreamcatcherassociation.com)

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

**For Participants Over the Age of Majority in the Province or Territory in which the Animal and Nature Activities are provided by the Host**

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### **Every Person Must Read and Understand this Waiver Before Participating in Animal and Nature-Assisted Activities**

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of 1320394 Alberta Ltd a.k.a Dreamcatcher™ Nature Assisted Therapy a.k.a Dreamcatcher™, its directors, officers, employees, volunteers, business operators, agents and site-property owners or leasees (collectively the "Host"). Without limiting the generality of the foregoing, "Animal and Nature Activities" include but are not limited to interacting with large animals including equines, interacting with a variety of farm animal species, riding equines, being in a farm environment, nature walks, skating, tobogganing, nature crafting or building in nature, hay rides and animal training provided by the "Host" to the Participant.

#### **Initial Each Item Below After Reading and Understanding Each Item:**

- \_\_\_\_\_ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Animal and Nature Activities" and injuries resulting from these "Risks" can occur. I am aware that the "Risks" of "Animal and Nature Activities" mean those dangerous conditions which are an integral part of "Animal and Nature Activities", including but not limited to:
- (a) the propensity of any equine, ruminant, canine, feline or fowl to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine, ruminant, canine, feline or fowl's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine, ruminant, canine, feline or fowl; and
  - (d) the potential for participants to fall over or from obstacles, from equines, or from moving vehicles that may be found in a nature setting.
  - (e) the potential to be at greater risk of illness or infection while working in an outdoor setting or with any equine, ruminant, canine, feline, or fowl, particularly for person with auto-immune deficiencies.
  - (f) the potential to be at greater risk of illness or infection while working with animals while pregnant.
  - (g) the potential for wildlife encounters and the unpredictable nature of such animals.
- \_\_\_\_\_ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Animal and Nature Activities".
- \_\_\_\_\_ 3. All pregnant visitors to Dreamcatcher™ will refrain from: entering the fowl coops or touching eggs; riding or mounting equines; strenuous or over-extending work, activities or demonstrations; being near animals that have recently given birth; being near cat litter boxes or feces.
- \_\_\_\_\_ 4. I fully assume responsibility for all "Risks" of personal injury, death, property damage or loss resulting from my behavior while participating in "Animal and Nature Activities".
- \_\_\_\_\_ 5. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Animal and Nature Activities", it is not possible for the "Host" to make the "Animal and Nature Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver.



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\_\_\_\_\_ 6. In addition to consideration given to the “Host” for my participation in “Animal and Nature Activities”, I and my heirs, next of kin, executors, administrators and assigns (collectively my “Legal Representatives”) agree:

- (a) to waive all claims that I have or may have in the future against the “Host”;
- (b) to release and forever discharge the “Host” from all liability for any personal injury, death, property damage, or loss that I, the Dependent Participant, or “Legal Representatives”, might suffer as a result of the Dependent Participant’s participation in “Animal and Nature Activities” due to any cause; and
- (c) to be liable for and to hold harmless and indemnify the “Host” from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in “Animal and Nature Activities”.

\_\_\_\_\_ 7. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the “Animal and Nature Activities” are provided by the “Host”. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the “Animal and Nature Activities” are provided by the “Host”.

\_\_\_\_\_ 8. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the “Host”, and it is binding on myself and my “Legal Representative”.

\_\_\_\_\_ 9. I confirm that I have reached the age of majority in the province in which I am participating in “Animal and Nature Activities”.

**Please Print Clearly**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Complete Address \_\_\_\_\_

Participant Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Signature of Program Participant)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
(Print Name of “Host” Witness to Signing and Initialing)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
(Signature of “Host” Witness)



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## **Consent for EMDR Treatment - Eye Movement Desensitization and Reprocessing -**

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is an approach that has been validated by longitudinal research. I have been informed that studies have shown that EMDR has produced promising results in reducing anxiety and in reducing post-traumatic stress symptoms such as intrusive thoughts, nightmares, and flashbacks. I have also been advised that there are currently no known serious side effects to EMDR.

EMDR is nonintrusive, physically painless treatment technique and can often be done without you verbally explaining the details of your disturbing event. It works much like REM sleep, where you are dreaming and integrating information while you sleep. You are awake during EMDR but the process works to integrate the emotions of the disturbance which are “stuck” in the brain so that you can process and understand/accept them.

You will not undergo EMDR unless you request it or it is recommended for you. Even then, EMDR will only be administered to you if you are fully informed, all of your questions are answered and you agree to it at that time. Once EMDR commences, you can stop it at any time either mid-session or during treatment.

I have also been specifically advised of the following:

- Distressing, unresolved memories may surface through the use of the EMDR procedure.
- Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated – including a high level of emotional or physical sensation.
- Each person is unique in the ways that they process disturbing events. Regardless of your processing style, your therapist is highly skilled and will guide and support you to understand it.
- Although emotions may be intense during EMDR, especially in the beginning of the procedure, they almost always subside and become less intense as the session continues often resulting in a profound reduction of emotional disturbance overall.
- Subsequent to the treatment sessions, the processing of incidents and/or materials may continue and other dreams, memories, flashbacks, feeling, etc. may surface.

Before commencing EMDR treatment, I have thoroughly considered all of the above information. I have obtained whatever additional input and / or professional advice I deemed necessary or appropriate before having EMDR treatment, and by my signature below, I hereby consent to receiving EMDR treatment.

My signature on this Acknowledgement and Consent is free from pressure or influence by any person or entity.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Name

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date



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## Information Release Form

I, \_\_\_\_\_, hereby authorize Dreamcatcher™ to release and exchange information about:

Myself

\_\_\_\_\_  
(name of client)

My relationship to this person is: \_\_\_\_\_

Information is to be released to the following persons:

\_\_\_\_\_

Such information may include, but is not limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information will be used for, but is not limited to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of client or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

If you have any questions about this release of information, please contact our office at (780) 809-1047 ext 1. Please return completed form by fax to (780) 809-1046, by email to [info@dreamcatcherassociation.com](mailto:info@dreamcatcherassociation.com) or by mail to Dreamcatcher™, 53044 RR #213, Ardrossan, Alberta T8G 2C4



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## Acknowledgement & Consent for Participation in Therapy

I, \_\_\_\_\_, consent to participation in counselling and therapy at Dreamcatcher™.

### Records & Confidentiality

All of our communication becomes part of a confidential clinical record. Your records are securely and confidentially kept for 10 years after the age of majority. Anything you say during session will be confidential, with the following exceptions:

- You direct me to tell someone else and have signed a written informed consent.
- I determine that you are at risk for being hurt or hurting others.
- I am subpoenaed by a court to disclose information.
- I suspect actual child abuse or neglect.
- I suspect abuse or neglect towards vulnerable persons such as elders, people with disabilities, etc.

\_\_\_\_\_ **Initial** I understand there may be times where I will be video and/or audio recorded or observed by a supervisor, student, or another Dreamcatcher™ therapist for educational purposes. This will only happen if I provide my consent for it ahead of time. At any time, I understand that I may revoke my consent to have myself video or audio recorded

\_\_\_\_\_ **Initial** In extension to the above, there may be times where other Dreamcatcher™ therapists are called in to consult about myself anonymously, in an effort to provide the most effective therapeutic benefit. I am acknowledging and consenting to this extension of confidentiality by placing my initials at the start of this paragraph. I understand that my identity will not be disclosed during these consultations, should they occur.

My signature on this Acknowledgement & Consent is free from pressure or influence from any person or entity.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Name

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

**Information shared with Dreamcatcher™ Therapists will be held in strict confidence.**



## COVID-19 In-Person Adult Consent Form

I, (name) \_\_\_\_\_, acknowledge that I have agreed to meet with a Dreamcatcher™ therapist at their facility for the purpose of receiving psychological services.

I understand that Dreamcatcher™ has taken every recommended COVID-19 health precaution and is following all requirements set out by the Government of Alberta. The protections include regular cleaning, maintaining two metres distance, partitions between clinician and client when necessary, and the availability of personal protective equipment (PPE).

By agreeing to meet at the Dreamcatcher™ facility, I confirm that:

- 1) I am aware of the risk of being exposed to severe acute respiratory syndrome coronavirus (COVID-19) while attending a session at Dreamcatcher™;
- 2) I accept and acknowledge that I could be exposed to COVID 19 through the following means:
  - a. My physical presence at the facility;
  - b. My interactions with other patients or members of the public who are present at the facility at the time of my attendance;
  - c. My interactions with staff or other professionals at the facility; or
  - d. The physical touching of any equipment or fixtures in the facility;
- 3) I understand that Dreamcatcher™ is taking every precaution, including but not limited to:
  - a. Requesting anyone not receiving services stay in their vehicle while their dependents are in session;
  - b. Continuously wiping down the office with disinfectant when clients have been inside the office;
  - c. Providing hand sanitizer in all areas of the building and out buildings, and encouraging all clients to use it and to wash their hands upon arrival and exit of the Dreamcatcher™ office;
  - d. Providing PPE upon request to all attendees of the program;
  - e. Therapists and in-office staff wearing PPE when working inside public buildings in the presence of clients and their support staff;
  - f. Therapists maintaining physical distancing while working both indoors and outdoors with clients and their support staff.
- 4) I understand that I can request to remain outdoors for my sessions and engage in nature based or animal assisted therapy;

I acknowledge that I have had sufficient time to read this document and fully understand the risks as described above. I confirm that I am willing to accept these risks as a condition of in-person attending at the facility to receive psychological services from Dreamcatcher™. I confirm that any questions that I had regarding the provision of the services during the COVID 19 pandemic have been answered by the therapist.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Consent for My Dependent/Myself to Participate in Telepsychology Due to Extenuating Circumstances

I, \_\_\_\_\_, hereby authorize Dreamcatcher™ to conduct psychological sessions via online telepsychology with:

Myself

\_\_\_\_\_  
(name of client)

My relationship to this person is: \_\_\_\_\_

The World Health Organization has announced a global pandemic in response to COVID-19. In order to ensure our clients continue to have mental health counselling services available, we would like to offer sessions online. This aligns with the position held by the Psychologists Association of Alberta in supporting/promoting telepsychology as an option as a means of reducing the risk of exposure for both clients/providers.

Doxy.me is a private and secure service that offers online telepsychology between therapists and patients and is recommended by both the College of Alberta Psychologists and the Psychologists Association of Alberta. All data is encrypted, sessions are anonymous and confidential, and none of the information from sessions is stored or recorded. Doxy.me adheres to HIPAA, PIPEDA, and GDPR data privacy requirements.

Sessions will be billed accordingly, however there is no additional cost to utilize Doxy.me.

Signature of client or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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