



448 Turnpike St, #2-1C  
South Easton, MA 02375  
508-219-2904

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<https://www.pathtohealingma.org>

## Application and Registration

### Demographics

<b>Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Preferred Method of communication:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Email

<b>Which gender do you identify as?</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Other-please specify:
<b>Which race(s) do you identify as?</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other-please specify:

### Referral Source

<b>How did you hear about Path to Healing?</b>
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**Branch of Service, Current Status & History**

Army    Marine Corps    Navy    Air Force    Space Force    Coast Guard

Army National Guard Reserves    Air National Guard Reserves

Veteran    Active-duty    Reserves    Other

**What Type(s) of Military Trauma Have You Experienced? Please check all that apply:**

Direct Combat Experience    Witnessed Combat/Witnessed Effects of Combat

Traumatic Brain Injury    Physically Disabling Injuries    Burn Pits/Toxic Exposure

Military Sexual Trauma/Sexual Harassment    Training Accident(s)

Other-Please specify:

**Medical Information**

**What are you struggling with, in terms of mental health? Do you have any current mental health and/or substance use diagnoses?** (Please note this information will help us to identify topics for Discussion Groups. You do not need to provide a diagnosis to participate.)

**Please check which days/activities you would like to join.**

(Review Our Program and Schedule on our website for more detailed information.)

**Saturdays Full of Holistic Activities**

Schedule varies including Yoga/Tai Chi, Discussion Groups, Cooking, Meditation and Creative Arts Activities (Woodturning/Painting).

**Horsemanship**

**Horsemanship and Horseback Riding Combination**

Please note that you do not need experience with horses to participate.

Winsome Riding Academy in Randolph, MA is fully handicapped-accessible (horsemanship/riding) and requires a physician to complete paperwork for participants of all abilities.

Wild Hearts Horses for Heroes in W. Bridgewater, MA cannot accommodate non-ambulatory participants (horsemanship).

**Songwriting**

Please note that you do not have to be able to sing or play an instrument to participate and that everyone involved in producing the song will own copyrights.

If you sing or play an instrument, please note which here:

What is your favorite genre(s) of music?

**Transportation**

Will you need assistance with transportation?

Yes

No

**Emergency Contact**

<b>Name</b>	<b>Relationship</b>
<b>Phone Number</b>	
<b>Address</b>	

**Preferred Hospital**

**Nearest Emergency Room**

Good Samaritan Medical Center, Brockton  
Or Milton Hospital/Beth Israel Deaconess, Milton

**Nearest VA Emergency Room**

Brockton VA Medical Center, Brockton

**GENERAL RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

In consideration of participating in the Path to Healing, Inc. program (the “Program”), I represent that I understand the nature of this Program and the risks involved. I further acknowledge that if I believe Program conditions are unsafe, I will immediately discontinue participation in the Program.

I understand that the Program may involve one or more activities including, but not limited to, horse care and management, horseback riding, negotiating trails and obstacles, tai chi, yoga, cooking, meditation, discussion groups, group therapy, songwriting, playing musical instruments and/or other art forms such as painting and woodturning which may involve electrical tools and sharp instruments. (the “Activities”). While research has evidenced the physical and/or emotional benefits of participating in several of the Activities, risks inherent in participating in the Activities may include physical and/or emotional distress or injury, of a minor or serious nature, or even death, which may be caused by my own actions. Being in near proximity to horses and riding horses, which may be unpredictable, involves the potential for permanent physical injury, paralysis, or death, as does maneuvering across trails and obstacles, cooking, and/or practicing tai chi and yoga. The Activities of a reflective nature—e.g., meditation, songwriting, and/or playing musical instruments, discussion groups and group therapy—involve the potential for such risks, including emotional distress, as participants process and/or share their past experiences, triumphs, and struggles. I acknowledge that Program activities may involve being outdoors, which may present additional unforeseen risks, such as slippery or uneven surfaces, loose rocks or gravel, unseen roots, or other obstacles. I knowingly and freely assume all such risks and responsibilities for losses, costs, and damages I incur as a result of my participation in the Activities.

I understand that the Program is independently owned and operated by Path to Healing, Inc. I hereby release, discharge, indemnify, hold harmless, and covenant not to sue Path to Healing, Inc., and its owners, agents, directors, employees, volunteers, affiliates, advertisers and sponsors (collectively, the “Releasees”), with respect to any and all injury, disability, death to person(s), and loss or damage to person(s) or property that may arise out of or in connection with the Program, including, but not limited to, my participation in the Program or the Activities, or any use of any of the equipment or the facilities of the Program, or any incident that occurs while using such facilities, or otherwise related to the Program.

I expressly agree that if a portion of this release is held invalid, the balance shall remain in full force and effect. This release shall apply to my heirs, assigns, personal representatives and any other next of kin. I understand that the Program is relying on this release in rendering service to me, as the signed participant.

**I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

<b>Signature:</b>	<b>Date:</b>
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## Policies

Your signature below means you have read, understood and agreed to Path to Healing's Policies available on our website [www.pathtohealingma.org](http://www.pathtohealingma.org) or by mail upon request.

<b>Signature:</b>	<b>Date:</b>
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## Photo Release

I do  I do not consent to and authorize the use and reproduction by Path to Healing, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of Path to Healing, Inc.

<b>Signature:</b>	<b>Date:</b>
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## Where to Send Application

Email to: <a href="mailto:keri.pathtohealing@gmail.com">keri.pathtohealing@gmail.com</a> or mail to: c/o Keri-Ann Wagner Path to Healing, Inc. 448 Turnpike St, Ste 2-1C So. Easton, MA 02375
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## What to Expect

<p>You will receive confirmation that we are in receipt of your application within 24-48 hours and notification of your anticipated start date within 2 weeks from the receipt date. If clarification is needed, we may contact you for more information.</p> <p>If participating in horsemanship, their registration forms will be sent to you for completion by email, unless another route is requested. Please note that Winsome Riding Academy requires your doctor to complete paperwork.</p>
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