



Building Foundations That Last A Lifetime...

Operation Horse Power Family Weekends

We are thrilled and prepared to welcome you to Operation Horse Power at Touchstone Farm!

Operation Horse Power Registration

In this packet, you will find all the necessary registration forms along with useful information about our program. In order to provide the best therapeutic and recreational benefits and safest environment please thoroughly complete all forms (many require a signature and date).

Touchstone Farm Mission Statement

Touchstone Farm, home of Pony Farm, Horse Power, and Operation Horse Power, is a non-profit educational and therapeutic organization that fosters a community of belonging for people of all ages, abilities and backgrounds. Touchstone Farm offers a rich and challenging variety of experiences, which includes summer camps, able-bodied and therapeutic horseback riding and carriage driving lessons, programs for veterans and their families, and training and certification for equine professionals. Grounded in a sense of place, mutual respect and well-being, the 28-acre farm is a sanctuary that nurtures connections, cooperation, self-confidence, and personal growth.

Touchstone Farm History

The Touchstone Farm property has been a working horse farm since the 1750's when it was donated to a veteran of the French and Indian War for his exemplary service. Throughout the farms' many years, the property and buildings have had many interesting and varied uses. The Homestead (circa 1754) was an active stagecoach stop between Boston and Montreal during the Revolutionary War, a school house for local children, the community birthing center, and home to 'indigents, orphans, and widows' in the mid-1800's. In the 1960's, a young girl named Isabella (Boo) Martin lived on the property with her family. She wanted to share her love for horses and began a summer riding camp for girls named Pony Farm in 1971. Stepping Stone Lodge, a log cabin constructed 40 years ago with local timber, can sleep up to 36 guests and has been used for Pony Farm summer camp, Veteran's Weekends, retreats, conferences, and weddings. In 1990, Boo developed Horse Power, a 501(c) 3 nonprofit organization providing Equine Assisted Activities and Therapies. Since then, Boo's talent as a horsewoman combined with her visionary leadership in the international arena of therapeutic riding, vaulting, and carriage driving has provided happiness, healing, and hope to countless individuals with physical, cognitive, and mental health challenges. In 2001, the farm became a PATH Intl. Premier Accredited Center and has trained and certified over 100 therapeutic riding and driving instructors. In 2014, Touchstone Farm launched Operation Horse Power programs for veterans and their families.

We look forward to hosting you and your family for a wonderful weekend!

The Operation Horse Power Team,

Boo Martin, Gerry Duncan, and Tara Mahoney



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Operation Horse Power Guidelines:

What To Bring:

- Weather and farm appropriate clothing- we are outdoors a lot and clothing may get dirty.
- Sleepwear, socks, undergarments, shoes, boots (optional)
- Sunscreen/bug spray, gloves/hats, and jackets (light, heavy, and/or waterproof) are recommended as seasonally appropriate.
- Toiletries, prescription medications, over-the-counter aids (allergy, aspirin)
- For riding sessions, long pants are required. Shoes with closed-toe and a one-inch heel are recommended (sneakers are acceptable). Helmets will be provided.

What Not to Bring:

- Bedding, linens, and towels are provided
- No alcohol, illicit substances, or weapons are permitted on Touchstone Farm property
- Smoking is permitted in designated areas

What to Expect:

Sample Agenda at Operation Horse Power-

- 7:30- 8:30am—Farm Fresh hot breakfast
- 9:00 –9:30 am- Morning Planning/ Community Meeting
- 10:00-12:00- Morning Sessions – riding lessons, vaulting, carriage driving, historical tour of Homestead
- 12:30-1:30- Lunch
- 2:00-4:30- Afternoon Sessions – riding lessons, carriage driving, guided hike, mindfulness seminar
- 5:00- 6:30- Relax and Refresh- free time
- 6:30-7:30- Dinner
- 7:30-8:30- Evening Gathering
- 8:30- Bonfire/S'Mores

Sample Breakfast Menu-

- Farm Fresh Eggs, Bacon, Homemade Muffins or Bagels, Hash Browns, Fresh Fruit, Juice and bottomless Cup of Coffee



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Touchstone Farm Covenant

_____, of _____,

(Veteran Name)

(Address)

for myself and for my heir legal representatives, and assigns, in partial consideration of the acceptance of

(Name all Participants in Veteran's Family Group)

for participation in the Touchstone Farm Inc., Operation Horse Power

Program and/or associated activities, and being fully and completely aware and knowledgeable of the assumption of risk of personal injury which I seek to make by becoming a member of the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power Programs do, for as long as I remain a member of the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power Program or use its facilities, equipment and amenities, covenant with the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power, its heirs, legal representatives and assigns, to never institute any suit or action at law or in equity against the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power, by reason of any claim which I now have or may hereinafter acquire relating to personal injuries which may be sustained by me/my child arising from participation in the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power Programs and use of the facilities provided by the "Touchstone Farm Inc., Operation Horse Power, Pony Farm, or Horse Power."

The undersigned acknowledges that there exist inherent risks of personal injury in the sport of riding and driving or handling of horses and the undersigned agrees to assume such risks and hold the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power harmless for any injuries incurred by the undersigned and/or their children while riding, driving or handling horses at Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power.

I expressly reserve all legal remedies arising from tortious injuries intentionally or with malice, and expressly reserve any and all rights, causes of action, claims and demands against any person, firm or corporation other than the Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power its owners, heirs, legal representatives, staff and assigns and employees.

Signature _____ Date _____



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Liability Release

(Veteran's name) _____ would like to participate in the Operation Horse Power Family Program at Touchstone Farm. I acknowledge the potential risk of horseback riding, vaulting, carriage driving, un-mounted or ground work with horses. However, I feel that the possible benefits to myself, my son, my daughter, my significant other are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I, my son, my daughter, my ward may sustain while participating in Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power.

Signature: _____ Date: _____

(Veteran's Signature)

Photo Release

Veteran's Name: _____ Date: _____

I hereby consent to and authorize the use and reproduction by Touchstone Farm Inc., Operation Horse Power, Pony Farm or Horse Power of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my significant other for Promotional, printed material, educational activities or for any other use for the benefit of the program with my notification and consent at the time of use.

Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)

Touchstone Farm - Communications & Marketing

May we add your contact information, including email, to our mailing and email newsletter communications: ____ Yes ____ No



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Operation Horse Power Application

Veteran Contact Information

Veteran's name: _____

DOB: _____ Age: _____ Male _____ Female _____

Branch/Dates of Military Service: _____

Deployment (location and length): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact Information

Please include secondary contact on all communication. Veteran's Initials: _____

Name: _____

DOB: _____ Age: _____ Male _____ Female _____

Relationship to veteran: _____ Spouse/Partner _____ Parent/Sibling _____ Caretaker _____ Other (specify): _____

Address (if different than above): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Children:

1. Name: _____

DOB: _____ Age: _____ Male _____ Female _____

2. Name: _____

DOB: _____ Age: _____ Male _____ Female _____

3. Name: _____

DOB: _____ Age: _____ Male _____ Female _____

Veteran Signature: _____ Date: _____



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Touchstone Farm Authorization for Emergency Medical Treatment

Veteran's name: _____

Primary Diagnosis/Medical Conditions:

Medications (dose): _____

Allergies: _____

Physician's Name: _____ Physician's Phone Number: _____

Secondary Contact Name: _____

Medical Conditions: _____

Medications (dose): _____

Allergies: _____

Physician's Name: _____ Physician's Phone Number: _____

Participants/Children:

Child 1: _____

Medical Conditions: _____

Medications (dose): _____

Allergies: _____

Pediatrician's Name: _____ Pediatrician's Phone Number: _____

Child 2: _____

Medical Conditions: _____

Medications (dose): _____

Allergies: _____

Pediatrician's Name: _____ Pediatrician's Phone Number: _____



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In the event of an emergency, please contact:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services or while being on the property of Touchstone Farm Inc., I authorize Touchstone Farm Inc. to:

1. Secure and retain medical treatment and transport if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes X-rays, surgery, hospitalization, medications and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)

-OR Non-Consent Plan

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)