Equine Facilitated Psychotherapy Consent and Release of Liability

DISCLOSURE
Safety is my number one priority in the facilitation and management of all levels of therapy, however, even with the adherence to recognized risk management practices in outdoor therapy and horse-related activities, accidents do occur. The level of participation in my therapy is entirely voluntary and under individual choice at all times and for ALL aspects of the therapy treatment.

Equine facilitated psychotherapy (or EFP from here forward) involves a variety of activities including warm ups, discussion, debriefing, games, horse-related activities and other potentially rigorous physical and or emotional activities. The inherent risks and other risks of this counseling modality are not unlike other physically and emotionally demanding activities and may include falls, heat stroke, hypothermia, anxiety and other fear responses, elevated heart rates, collisions with objects or other people, unsafe acts by other participants, acts of nature related to being in outdoor venues, and other risks that may be noted by participants and facilitators.

VOLUNTARY RELEASE OF LIABILITY
I am over 18 years of age. I assume full responsibility for myself and/or my minor children for all risks, inherent and otherwise, related to attendance and participation in this EFP treatment modality. By signing this release form, I agree to release and hold harmless Candice Ackerman, Flourish Counseling and Mental Wellness Center, and all agents, assistants, employees, facilitators, all individuals assisting and conducting these activities and co-sponsors including but not limited to their employees or agents, all shareholders, officers, directors of the corporation (collectively known as Releasees), for any damage or injuries, physical or mental, which I and/or my minor children might incur as a result of my voluntary decision to participate in EFP. By signing this release form, I agree that if I do sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in this therapy treatment (EFP), on behalf of myself, my children, my heirs, personal representatives and next of kin, I hereby release and discharge Releasees and their successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from my o or my children’s participation in activities (even if such claim is due in whole or in part to the negligence of releasees and their successors, assigns, affiliates, directors, officers, employees and agents.).

I assume full responsibility for myself and/or my minor children and guests for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those related to participation in any aspect of this program for the full duration of my participation in this EFP treatment.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety. I have been informed of the full nature of this therapy treatment modality and its inherent risks and fully understand the nature of the program “equine facilitated psychotherapy” sponsored by Candice Ackerman, PhD, Licensed Psychologist, and the horse facility we will be working with.
Under Texas law (Chapter 87, Civil Practice and Remedies Code), an Equine Professional is not liable for an injury to or the death of a participant in Equine activities resulting from the inherent risks of Equine activities.

If I and/or my minor children do voluntarily choose to participate in EFP or other workshop sponsored by Candice Ackerman, Flourish Counseling and Mental Wellness Center, I recognize that there is a significant element of risk in any adventure-based therapy, sport or activity associated with outdoors, which may or may not involve horse-related activities. Knowing the inherent risk, dangers and rigors involved in the counseling activities, I certify that I and/or my minor children are fully capable of participating.

I have disclosed the necessary medical information to the horse facility so that Candice Ackerman, Flourish Counseling and Mental Wellness Center, facilitators, and staff are properly informed.

By signing this release form, I assume full responsibility for all risks, inherent and other, related to my attendance and participation in Equine Facilitated Psychotherapy sponsored by Candice Ackerman, Flourish Counseling and Mental Wellness Center, as noted in the Voluntary Release of Liability above.

I further consent to first aid, emergency care and, if necessary, admission to an accredited hospital for treatment of injuries that I may sustain while participating in any activity associated with Candice Ackerman, Flourish Counseling and Mental Wellness Center, and the horse facility we will be working with.

___________________________________________________________
Participant Name

____________________________________________________________
Participant or Parent Signature Date

___________________________________________________________
Emergency Contact Phone Number