

# SUNSET COUNSELING CENTER

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• I N C O R P O R A T E D •

## SPECIFIC CONSENTS FOR EQUINE ASSISTED PSYCHOTHERAPY

Equine Assisted Psychotherapy incorporates the use of horses within the therapy process. The therapy animals are a vital part of this counseling team. The hope is that you are comfortable with their presence at the facility and within counseling sessions. Because they are animals, we are responsible for their welfare. Because they are animals their behavior cannot always be predictable.

Therefore, it is important to bring to your awareness, in advance, the guidelines to insure the health and safety of both you and the animals. I want to create as safe a working environment as possible and to provide you with diligent warning about the unavoidable risks inherent in all horse and animal related activities.

**Please read and initial the following (if participant is a minor, initials from participant and legal guardian are required):**

\_\_\_\_\_ I understand that I will be participating in therapeutic activities in a working agricultural environment. I will be outdoors and will prepare and maintain myself in regards to weather, natural environment and being in the presence of both therapeutic and non-therapeutic animals.

\_\_\_\_\_ I will not interact or engage with any animal in a manner that is outside my expertise without the immediate presence of my therapist or an equine professional.

\_\_\_\_\_ I will wear clothing that is appropriate for the environment, both facility and weather, including shoes that have both closed toes and closed heels.

\_\_\_\_\_ I will not involve myself with animals our equipment that are outside the therapeutic session, including other penned or loose animals, wild animals, trailers, tractors, out-buildings, barns, or other equipment.

\_\_\_\_\_ I assume all risk that is inherent by being in a rural or farm environment, including but not limited to damages or harm to property or person, both in interaction with animals and the natural environment.

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in EAP activities including but not limited to horse-handling, or being present at equestrian activities as an observer or other activity related, however slight to equestrian activities. I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of EAP. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved. I agree to release, hold harmless, and keep indemnified Amy Green, LMFT, LPCC, its organizers and agents, officials servants and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these activities even if the same may have been contributed to or occasioned by the negligence of the said bodies or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of California related to Equine Activity Liability.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance:

Print Participant Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent/Guardian (if minor): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_