



REGISTRATION

Client: _____ Date of Birth: _____ Age: _____
Address: _____
City, State: _____ Zip Code: _____
Parent or Legal Guardian Name(s): _____
Home #: _____ Cell #: _____
Email Address: _____ Emergency #: _____
School Attending: _____ Grade: _____
Court Involvement: _____ On Probation: _____
Other Agencies involved with client: _____

CONSENT AND LIABILITY RELEASE

I, _____, hereby request that the client named above be accepted into equine assisted psychotherapy program operated by Special Spirit. I acknowledge Special Spirit Personnel have fully explained to me the scope of the Equine-Assisted Psychotherapy (EAP) program, including the potential for injury which can occur from riding horses, caring for horses or being involved in therapeutic activities that include horses. Because of the potential benefits of the EAP program, I hereby waive any claim which I or the client may have against Special Spirit, officers, employees, volunteer, or contract personnel arising out of any injury which the client may sustain while involved in the EAP program, unless caused by the willful misconduct or gross negligence of Special Spirit, its employees, officers, volunteer, or contract personnel.

I acknowledge the risks and potential risks of horse-related activities and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward outweigh the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against Special Spirit, Inc., Moonshadow Ranch, Eva Lund and its Board of Directors, instructors, therapists, aids, volunteers, contract personnel and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Special Spirit equine programs. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Special Spirit Inc. voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Special Spirit Inc. and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at Moonshadow Ranch Home of Special Spirit.

I have read this release



Signature of Client/Participant

Date

Signature of Parent/Guardian

Date