



Reins of H.O.P.E.

P.O. Box 1156 Ojai, CA. 93024 (805) 633-9199

www.rohvc.org

INFORMED CONSENT - Equine Assisted Psychotherapy

Clients/Participants have the right to participate or not participate in Equine Assisted Psychotherapy and Learning activities provided by Reins of H.O.P.E. at the locations: World's Alive Equine2 in Camarillo, Big Heart Ranch in Malibu, A & M ranch in Santa Ynez.

Confidentiality:

Confidentiality is the hallmark of a safe therapeutic environment. All information received and/ or discussed during the therapeutic process will not be disclosed to any person, agency, or organization without your signature on the appropriate forms.

Exceptions to confidentiality as mandated by law: There are certain important exceptions to confidentiality designed for protection, which includes. a) Suicide: if you threaten suicide, we must and will take whatever action is deemed necessary under the circumstances to ensure your safety, including notification of appropriate persons. B) Threats by you to harm another person(s) including physical harm and /or damage to property, requires me to notify the intended victim and the appropriate authorities. c) Child abuse/ neglect, past or present. d) Elder abuse. Upon becoming aware of either child or elder abuse, I am mandated to report to CPS or Adult Protective Services.

Date: _____

Print name of Client/Participant : _____

Client Signature required: _____

If minor, Parent Signature required: _____

Minor's printed name/signature: _____

RELEASE OF LIABILITY:

By signing this release I acknowledge that the use, handling, grooming, participating in Equine Assisted Psychotherapy and Learning Activities and proximity near horses involves a risk of both serious physical and emotional and minor injuries as well as death. Even being in close proximity to horses can cause injury or death given horses' unpredictable nature as well as property damage. Even the most experienced horse person can suffer serious injury and/or death while handling the horses. Also, I was informed of the potential risks of walking on uneven ground in and out of the arena, as well as spiders, snakes, dogs, bees and any other animal or insect that may be present that could potentially cause harm. I will also follow the rule of no smoking on premises.

I understand that a horse regardless of its age, training and past behavior may act or react unpredictably at times based on instinct or fright which is an inherent risk assumed by a participant.

The undersigned expressly assumes such risk, waives any claims and hold harmless that he or she may have against Reins of H.O.P.E.'s director, officers, board members, all staff, volunteers, contracted treatment centers, all locations and facilities sessions take place, as a result of physical or emotional injury or death incurred while engaged in the above mentioned stated equine activities to client or participant as well as property damage.

At every session, all the participants have been verbally instructed on the emotional, psychological and physical safety rules regarding activities with EAP/EAL. A thorough description of the activities involved is described prior to entering the arena with the horses. All of the activities are conducted on the ground. There is NO RIDING involved. The parties acknowledge having read and understood this agreement by signing this release of liability below.

Printed Name of person Releasing Liability: _____

Signature of person Releasing Liability: _____

Address (Optional): _____

Email (Optional): _____

If participant is a minor, please complete below:

Signature of Parent or Legal guardian of Minor :

Print child's name: _____

Parent/Legal Guardian Signature: _____