



# HEALING REINS

— growth with unbridled potential —

## REGISTRATION AND RELEASE FORM

Client/Participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Any Medical Conditions? \_\_\_\_\_

### **CONSENT AND WAIVER OF LIABILITY:**

*I hereby request that the participant named above be accepted into the **HEALING REINS** PROGRAM OPERATED BY DEE CLARK, MFT, LIC. #LF 00002190. I acknowledge that Dee has fully explained to me the scope of the equine-assisted growth and learning program, including the potential for injury which can occur from being involved in therapeutic/learning activities that include horses. Because of the potential benefits of the equine-assisted program, I hereby waive any claim which I or the client may have against Dee Clark and her employees or contracted personnel arising out of any injury which the client may sustain while involved in the equine program, unless caused by the willful misconduct or gross negligence of Dee Clark, and her employees or contract personnel.*

*The undersigned, or any signing parent or guardian, hereby agrees to (1) release Dee Clark and the management of the premises, and their designates and employees, from any loss, damage, liability, or injury arising out of or resulting from use of the facility located at 309 Island Blvd. FI, Fox Island, WA 98335 indemnify, hold harmless and defend the aforementioned facilities and persons from and against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from participant's use of this facility, or from acts of omissions of participant's agents, and (3) acknowledges that the activities with and around horses involve inherent risks which are understood by the persons signing and are expressly assumed. In the event of injury to participant or to participant's horse(s), permission is hereby granted for emergency medical treatment.*

*I have read and agree to the foregoing:*

\_\_\_\_\_  
Signature of Client/Participant

\_\_\_\_\_  
Name of Client/Participant

\_\_\_\_\_  
Date