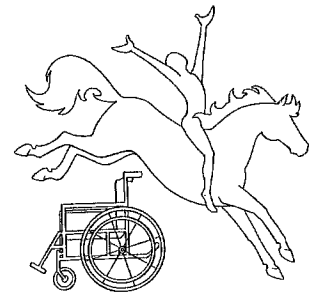


Ride On



Therapeutic Horsemanship

Serving the San Fernando and Conejo Valleys

Equine Facilitated Psychotherapy

Consent for Treatment, Exchange of Information and Confidentiality

Client Name: _____

Consent for Treatment: I hereby give consent to treat me in Ride On's Equine Facilitated Psychotherapy program.

Consent for Exchange of Treatment Information: I hereby authorize and request that Ride On and my primary therapist exchange relevant information regarding my treatment.

Confidentiality: Your sessions with the therapist are strictly confidential and may not be disclosed outside of the agency without your written permission. There are several exceptions to this rule we want to be sure you understand.

1. Should you disclose to the therapist any suspected child abuse, current or past, of a minor child, your therapist is required by law (section 11161.5 of the California Penal Code) to report this to the Department of Children and Family Services. If a person suspected of past child abuses currently in a position of responsibility for minor children, the therapist would also need to report this to the authorities even though the abused person may no longer be a minor.
2. If your therapist believes that you actually intend to do physical harm to someone else, they must notify the police and the intended victim.
3. If your therapist believes that you truly intend to harm yourself, they will first make every effort to enlist your cooperation in insuring your safety. If unable to do this, by law they may need to take further measures to insure your safety without your permission.
4. Should you disclose to your therapist any suspected dependent adult/elder abuse, your therapist is required by law to report it to adult Protective Services.

Cancellation: Please be aware that in an effort to schedule our sessions in an efficient manner, we require 24 hour notice of cancellation, otherwise there is a full session charge.

If you have any questions or concerns, please discuss them with your therapist.

Your signature on this for represents your understanding of and agreement to the above matters.

Signed _____

Date _____

401 Ronel Court, Thousand Oaks, CA 91320

10860 Topanga Canyon Blvd., Chatsworth CA 91311

(805) 375-9078 Fax (805) 375-8640 www.RideOn.org

A 501 (c) (3) non-profit corporation. Tax ID: 95-4465783

Other People Living with You		Relationship	
Have you ever been in counseling before? Y N		If yes with whom, where and dates	
Are you in school now? Y N		Highest grade completed/Degree	
In Case of Emergency Contact	Relationship	Day Phone ()	Night Phone ()
Do you have Medical Insurance? Y N If yes please complete the following			
Name of Insurance Company		Address	
Insurance I.D. Number	Name of Insured	Insurance Co Phone: ()	
Patient's Relationship to insured Self Spouse Child Other			
List Special Medical Conditions and/or medications you are currently taking			
Have you or anyone in your family ever had (have) a problem with Alcohol Drugs Gambling			
Have you ever been arrested? Y N Have you ever spent time in jail or other correctional facility? Y N			
What are your current concerns/problems?			
<i>I understand my therapist and I will establish my weekly fee during the first consultation. I understand that Ride with Pride requires 24 hours advance notice of cancellation. Unless it is an emergency beyond my control, I will provide 24 hours notice, or I will pay the full fee.</i>			
Signature		Date	

RIDE ON THERAPEUTIC HORSEMANSHIP

Participant Release and Waiver Of Liability Assumption of Risk and Indemnity Agreement

Whereas, _____
(Participant's Full Name – Please Print)

will be participating in lessons or other equestrian activities organized by Ride On L.A., a California non-profit corporation doing business as "Ride On", "Ride On Therapeutic Horsemanship", and "Physical Therapy Services – RO" (hereinafter referred to as "Ride On") ;

Please initial one of the following:

____ Now, therefore, I, the undersigned *parent or legal guardian of the Participant* named above who is under 18 years of age, for myself and on behalf of the participant named above, his or her personal representatives , estate, heirs, assigns, and next of kin,

____ Now, therefore, I, the *Participant* named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do **hereby agree to give up any and all of my legal rights** against Ride On, its agents, employees, participants, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

Acknowledgement of Danger and Assumption of Risk.

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such **dangers** include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles, or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted injury and death**. **Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by Ride On.**

Helmet Requirement.

I acknowledge that Ride-On has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet at all times during mounting, riding, and dismounting horses, because the helmet may prevent or reduce the severity of some head injuries.

Release of Liability.

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to Ride On equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against Released Parties for **injury, damage, death, or other losses** sustained by me in relation to Ride On equestrian activities.

Indemnification.

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney’s fees sustained**, as a result of my willful misconduct or gross negligence relating to my participation in Ride On equestrian activities.

California Law.

This agreement is governed by the Laws of the State of California. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.

Photo Release: I consent to and authorize/ I do NOT consent to and authorize the use and reproduction by Ride On Therapeutic Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

Date: _____

Participant Name _____ Phone _____

Emergency Contact _____ Phone _____ Relationship: _____

Participant’s Signature: _____ Date _____
(Please sign if 18 or older)

Parent/ Legal Guardian _____ Date _____
(if under 18) (Please Print Name) (please sign)