

RELEASE OF LIABILITY

Name _____ Date _____

I, _____, in consideration of my participation in the Equine Enhanced Counseling at, Hooves and Hearts Stables, hereby release Equus EEC, Hollingsworth Counseling, Hooves and Hearts Stables, and Hoof Prints and Heart Beats Organization from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, or death, which might occur while participating in Equus EEC counseling. I am aware of the risks of participation in counseling under these said conditions (counseling sessions including horses). I understand that participation in this program is strictly voluntary and I freely chose to participate. I verify that I will be responsible for any damages I may incur as a result of my participation.

(Participant)

(Parent or guardian's signature if under 18 years of age)

(Date)

Dr. Julie A. Hollingsworth
Ph D (Doctor of Esoteric Studies), LCDC, ADC III, ICADC
Credentials of Ministry