



DISCLOSURE

For Ranch Hand Rescue’s Counseling Center, safety is our number one priority in the facilitation and management of all levels of programming, however, even with adherence to recognized risk management practices in experiential programming and animal-related activities, accidents do occur. The level of participation in our programs is entirely voluntary and under individual choice at all times and for ALL aspects of the programming or training.

VOLUNTARY RELEASE OF LIABILITY

I am over 18 years of age. I assume full responsibility for myself and/or my child(ren) for all risks, inherent and otherwise, related to attendance and participation in this program sponsored by Ranch Hand Rescue’s Counseling Center. By signing this release form, I agree to release and hold harmless Ranch Hand Rescue’s Counseling Center, its agents, assistants, employees, facilitators, all individuals assisting in instructing and conducting these activities, and co-sponsors including but not limited to their employees or agents, all shareholders, officers, members or partners (collectively known as Releasees), for any damage or injuries, physical or mental, which I and/or my minor child(ren) might incur as a result of my voluntary decision to participate in this program. By signing this release form, I agree that if I (or my minor child) do(es) sustain any physical injury or mental damage of any nature as a result of my voluntary decision to participate in the program, on behalf of myself, my children, my heirs, my personal representatives and next of kin, I hereby release and discharge Releasees and their successors, assigns, affiliates, directors, officers, employees, members, partners and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action, and damages of any kind originating in any way arising from my or my children’s participation in activities (Even if such claim is due in whole or in part to the negligence of Releasees and their successors, assigns, affiliates, directors, officers, members, partners, employees and agents). The foregoing release includes a release of Releasees and their successors, assigns, affiliates, directors, officers, members, partners, employees and agents for their own negligence. In the event that any of my children, guests, or other third person shall assert any claim whatsoever kind against the Releasees, their successors, assigns, affiliates, directors, officers, members, partners, employees and agents, arising out of or related in whole or in part to any negligent act or omission by me in connection with program activities, I agree to indemnify and hold harmless the Releasees, their successors, assigns, affiliates, directors, officers, members, partners, employees and agents from any such claims and any related liabilities, obligations and expenses, including attorney’s fees and other costs of investigation and litigation

I assume full responsibility for myself and/or my minor child(ren) and guests for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those related to participation in any aspect of this program for the full duration of my participation in this program.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I have read completely and fully understand all aspects of this release form and agree to its terms in their entirety. I have been informed of the full nature of this program and its inherent risks and fully understand the nature of the program.

Date: _____ Consent Signature: _____
Client (parent or guardian if minor client)

Print Name: _____ Phone: _____
Address: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the facility, I authorize therapists or employees of Ranch Hand Rescue to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Physician's Name: _____

Preferred Medical Facility: _____

Insurance Carrier: _____

Designated Person: _____ Phone: _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____
Client (parent or guardian if minor client)

Print Name: _____ Phone: _____

Address: _____

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the facility. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date: _____ Non-Consent Signature: _____
Client (parent or guardian if minor client)

Print Name: _____ Phone: _____

Address: _____