



Orbit & Oak Therapy at Galactic Sky Farm

Participant Release of Liability, Waiver of Claims, Assumption of Risk, and Consent to Treat

1. Voluntary Participation & Assumption of Risk

I acknowledge that my participation (or the participation of my child/dependent) in therapy, recreational, animal-assisted, and/or farm-based activities is completely voluntary. I am aware that these activities may involve inherent risks, including but not limited to interaction with animals (including horses and other livestock), uneven or slippery terrain, exposure to allergens or insects, farm equipment, weather-related conditions, and physical or emotional exertion. I knowingly and freely assume all such risks, both known and unknown.

2. Health & Safety Acknowledgment

I affirm that I (or my child/dependent) am in good health and physically and emotionally able to participate in these activities. I agree to follow all safety instructions and understand that failure to do so may increase the risk of injury.

3. Consent to Treat

I hereby give my voluntary consent for myself (or my child/dependent) to receive occupational therapy and/or therapeutic services provided by Orbit & Oak Therapy. I understand that these services may include a variety of treatment approaches, including animal-assisted therapy, sensory integration, farm-based interventions, and other therapeutic techniques appropriate to the plan of care.

I acknowledge that therapy services may involve emotional and physical participation and that I am free to ask questions at any time. I understand that participation is voluntary and that I may withdraw consent at any time, though doing so may affect the continuity of care.

In the event of a medical emergency during a therapy session or while on the property, I also authorize Orbit & Oak Therapy staff and/or emergency medical personnel to render any necessary medical care. I agree to be responsible for any resulting medical expenses and understand that reasonable efforts will be made to contact my emergency contact prior to or during treatment, as appropriate.

4. Release and Waiver of Liability

I hereby release, indemnify, and hold harmless Orbit & Oak Therapy, Galactic Sky Farms, and their respective owners, therapists, employees, volunteers, agents, and affiliates from any and all liability, claims, demands, or causes of action for injury, illness, damage, or loss sustained while participating in or being present for any activities, whether on or off the premises. This release includes, but is not limited to, liability under any theory of negligence.

This release is intended to be as broad and inclusive as permitted by law and shall be governed by and interpreted in accordance with the laws of the State of New Jersey.

5. New Jersey Equine Activity Liability Notice (Required by Law)

WARNING

Under New Jersey law, an equine activity operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L. 1997, c.287 (C.5:15-1 et seq.).

I understand and accept the inherent risks associated with equine activities as defined in the New Jersey Equine Activity Liability Act.

6. Photo/Media Release (Optional)

☐ I give permission for Orbit & Oak Therapy and Galactic Sky Farms to use photos or videos taken during activities for promotional or educational purposes.

☐ I do NOT give permission for the use of photos/videos.

7. Emergency Contact Information

Name: _____

Phone Number: _____

Relationship: _____

8. Participant Information

Name of Participant: _____

Phone/Email: _____

Address: _____

City/State/Zip: _____

If participant is a minor:

Name of Parent/Guardian: _____

Relationship to Minor: _____

9. Signature

I certify that I have read this form in its entirety. I understand and agree to all terms and conditions stated herein. I am signing this release voluntarily and with full understanding of its implications.

Signature of Participant (or Parent/Guardian): _____

Date: _____