

Horses and Hallelujahs LLC Assumption of Risk and Waiver of Liability

This form is designed to obtain your informed consent and release of liability.

I, _____ (Owner's name), am allowing my animal _____ (animal's name), to receive non-medical treatment, which may include, but not limited to, muscle icing, hot pads, animal massage, craniosacral therapy, posture releases, acupuncture, after-session recommendations, exercise and stretching demonstrations, and/or technology sessions, such as, Red Light Therapy, Pulsed Electromagnetic Field (PEMF) Therapy, and/or a combination thereof, provided from a Horses and Hallelujahs LLC Practitioner.

I. SERVICES

- a) I understand that the Services are not a substitute for veterinarian treatment or medications, and that it is recommended that I work with my veterinarian for any medical conditions that my animal may have.
- b) I understand that massage therapy, craniosacral therapy, posture releases, and acupuncture are services designed to be a health aid and only for preventative maintenance.
- c) I UNDERSTAND THAT THE PRACTITIONER CANNOT DIAGNOSE ILLNESS OR DISEASE, AND CANNOT PRESCRIBE MEDICATIONS; FURTHER, THE PRACTITIONER IS NOT A VETERINARIAN, AND THEREFORE WILL NOT DIAGNOSE, MEDICALLY TREAT, OR CURE ANY DISEASE OR AILMENT. I UNDERSTAND THAT ANY INFORMATION PROVIDED BY THE PRACTITIONER IS FOR EDUCATIONAL PURPOSES ONLY AND IS TO BE USED AT MY OWN DISCRETION.

II. SIGNATURE

- a) I agree to the terms and conditions set forth in this document and fully understands its contents and am aware this contract contains an assumption of risk and release of liability.
- b) I am signing of my own free will and certify that I am eighteen (18) years of age or older or am the lawful guardian of the human Receiver(s) under eighteen (18) years of age.
- c) I have informed the Practitioner of all my animal's known physical conditions, limitations, medical conditions, and medications. It is my responsibility to update this information with the Practitioner and contact my animal's veterinarian, if their physical condition, limitations, medical condition, or medications should change.
- d) By signing this release, I, _____ (Owner's name) hereby waive and release Horses and Hallelujahs LLC, and their Practitioners, from all liability, past, present, and future.

III. CONSENT

- a) I give Horses and Hallelujahs LLC consent to use images of my animal on their social media (Facebook, Instagram, website). YES _____ (Initial) NO _____ (Initial)
- b) I give Horses and Hallelujahs LLC consent to perform massage therapy and therapeutic treatments to my animal when I am not on property. YES _____ (Initial) NO _____ (Initial)
- c) I give Horses and Hallelujahs LLC consent to use *Animal Legends Miracle Care Flicks Essential Oil Horse Spray* (Ingredients: Lanolin, Cedarwood Oil, Eucalyptus Oil, Lemongrass Oil, Peppermint Oil, Cajeput Oil, Pennyroyal Oil) on my horse. YES _____ (Initial) NO _____ (Initial)

Owner Name (Print): _____

Date: _____

Owner Signature: _____

Client Profile

Date: _____

Owner's Name: _____ Phone Number: _____

Address: _____

Preferred method of contact (circle): Call Text

Animal's Name: _____ Animal Type (ex: horse, dog): _____

Animal's Age: _____ Sex: _____ Breed: _____

Medications: _____

Medical Conditions: _____

Vet Name: _____ Vet Phone Number: _____

(Only to be contacted in case of a life threatening emergency when horse owner is unavailable. Ex: colic, cuts)

Major Complaint (What, where, when, how): _____
