

EQUINE ACUSCOPE & MYOPULSE THERAPY LIABILITY RELEASE FORM

This is a legal document. Please read carefully before signing.

Owner's Name: _____

Address: _____

Phone Number: _____

Email: _____

Horse's Name: _____

Breed: _____

Age: _____

Gender: _____

Acknowledgment and Assumption of Risk

I, the undersigned, understand that Acuscope and Myopulse therapies involve non-invasive electrotherapy techniques designed to promote the well-being and rehabilitation of equine athletes. While these therapies are generally safe, I acknowledge that:

1. There is no guarantee of specific outcomes, and therapy effectiveness may vary from horse to horse.
2. Acuscope and Myopulse therapies are not a substitute for veterinary care, diagnosis, or treatment of medical conditions.
3. Horses may react unpredictably to therapy, which could result in injury to the horse, the handler, or the therapist.

I voluntarily assume all risks associated with the provision of Acuscope and Myopulse therapy to my horse.

Release of Liability

I hereby release, discharge, and hold harmless Patricia Hermes-Smith and Reparare Equine Therapy and Recovery, its employees, contractors, and agents from any and all claims, demands, damages, or causes of action that may arise from:

1. Injury to my horse, myself, or others resulting from the therapy.
2. Property damage or loss incurred during the session.
3. Any unforeseen side effects or adverse reactions during or following the therapy.

Owner Responsibility

I understand that I am responsible for:

1. Informing Patricia Hermes-Smith and Reparare Equine Therapy and Recovery of any health conditions, injuries, or behavioral issues my horse may have prior to therapy.
2. Ensuring my horse is appropriately restrained and supervised during the session.

Veterinary Authorization

I confirm that my horse has been cleared by a licensed veterinarian for Acuscope and Myopulse therapy.

Veterinarian's Name: _____

Phone Number: _____

Consent

I, the undersigned, confirm that I have read and understand the terms of this liability release form. I voluntarily agree to the terms outlined and give consent for Acuscope and Myopulse therapy to be performed on my horse.

Owner/Agent Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____