

Elkayam Equine Therapy / Tamara Elkayam - waiver

In-Person / online Classes

Acknowledgement of Risk and Waiver of Liability

I _____, understand that I will be participating in a treatment program that will require physically manipulating a horse. I understand that, by signing this statement, I am agreeing that Elkayam Equine Therapy is not responsible or liable for any bodily injury or property damage that I may suffer as a result of my participation in this program whether on location, at home or elsewhere. As such, I understand and agree that Elkayam equine Therapy shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in their program.

Signature_____ Date_____

Elkayam Equine Therapy intellectual property

All the information given and shared during this class is the intellectual property of Elkayam Equine Therapy and is for your personal use only.

The information provided in this class and the accompanying study guide can not be shared or advertised or used in other education programs or in social media. This information is confidential Information. The term Confidential Information as used in this agreement shall mean any data or information that is competitively sensitive material and not generally known to the public, including, but not limited to, information relating to any of the following: therapeutic techniques , assessment method , the educational materials, images and or any information given in the class.

This material can not be taught in other clinics or in or incorporated into other methodologies, the material can not be demonstrated in a public forum other than by Elkayam Equine Therapy or designated representatives.

I understand that violating this agreement may result in legal proceedings.

Signature_____ Date_____

Session Recording Consent

I hereby understand that any filming/recording of any and all of this class will only be done with my prior consent, and never without my knowledge. I hereby assign the rights in full, to the recording(s), audio & video photograph(s), made of me to Elkayam Equine Therapy. I understand that any recordings of the class will be used for Elkayam Equine Therapy educational purposes. I hereby authorize the editing, re-recording of said recording(s), audio, video(s), photograph(s) for the purpose of Elkayam Equine Therapy educational purposes and will become the property of Elkayam Equine Therapy for internal educational purposes only.

Signature_____ Date_____

Cancellation Policy

Advanced notice of one month is required if you need to cancel your place in the class. If you cancel with less than one month's notice, participants will be charged the full price of the class and no refund will be issued.

Signature_____ Date_____