



15 Hands & Hearts Inc
8380 N. Fleming Dr. Flagstaff, AZ 86004 928.310.0947
15handsandhearts@gmail.com

Informed Consent and Release of Liability Agreement

It is mutually understood that the liability release contained in this agreement shall constitute a waiver of liability beyond the provisions of the AZ [Ars/12-553](#). [Limited liability of equine owners and owners of equine facilities](#).

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. Safety precautions will be exercised by me for my own protection and I agree to abide by the policies and procedures of 15 Hands & Hearts and/or Sacred Peaks Equine Sanctuary, as such policies may be amended from time to time.

I also agree to exercise proper care and conduct at all times while on or near any horses, including wearing safety helmet and closed toe shoes with heels. 15 Hands & Hearts and Sacred Peaks Equine Sanctuary cannot outline all the risks connected with services given, it is my responsibility to independently research and be aware of the inherent risks associated with equine activity.

Neither 15 Hands & Hearts nor any of its directors, officers, therapists, instructors, volunteers, participants, employees, agents, or owners of the property where 15 Hands & Hearts' events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any 15 Hands & Hearts event.

I further acknowledge that I will not hold 15 Hands & Hearts, its directors, officers, therapists, instructors, volunteers, participants, employees, agents, or owners of the property, where 15 Hands & Hearts' events are conducted, liable, or responsible for any injury sustained by me while participating in activities at sites where equine movement or equine assisted therapy sessions and related events may be held. I ride and/or participate at my own risk and agree to take all necessary precautions to prevent all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release 15 Hands & Hearts, its directors, officers, therapists, instructors, volunteers, participants, employees, agents, or owners of the property, where therapy or other 15 Hands & Hearts events occur, from all liability for property damage and personal injury to me, I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with 15 Hands & Hearts activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a 15 Hands & Hearts event is being held, or any person or equipment affiliated with the event.

I have been advised that every effort will be made to avoid injury or accident to the rider, and I accept full responsibility for my own safety and welfare, and that of my child. NO LIABILITY can be accepted by 15 Hands & Hearts, its directors, officers, therapists, employees, volunteers, or the property owners upon whose land the equine assisted activities/sessions are conducted.

I request and consent to treatment that may include Hippotherapy and/or Equine Assisted Psychotherapy, I have discussed this with my/my child's doctor. NO LIABILITY can be accepted by any organizations concerned with this therapy, including 15 Hands & Hearts its directors, officers, therapists, therapy assistants, volunteers, or the property owners.



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Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where 15 Hands & Hearts events are conducted, including minors.

I have read and understand all of the above and waive any claim which may arise against 15 Hands & Hearts its directors, officers, therapists, instructors, volunteers, employees, agents, or owners of the property where 15 Hands & hearts events are conducted.

I accept the responsibility for complying with all safety rules, regulations and practices and I will consult with an authorized representative of 15 Hands & Hearts for advice in circumstances where safe practices are in doubt. I do hereby forever release, acquit, discharge and hold harmless 15 Hands & Hearts (including: directors, officers, property owners, staff, students, volunteers, affiliates) for all manner of claims, demands and damages, now or in the future, on account of injuries, physical or mental, known or unknown, as a result of or in any way associated with 15 Hands & Hearts including negligence, as allowed by law in rendering described services or in any way incidental thereto.

I have read and fully understand this document. I/we acknowledge continued service is based on my responsibility to meet 15 Hands & Hearts safety requirements. I grant consent to 15 Hands & Hearts to use and disclose protected health information for the purpose of treatment, payment, and health care operations only. The undersigned also certifies that they are duly authorized (client guardian) and can execute and accept the terms of this consent and release on behalf of the client.

This agreement is effective upon signing and continues so long as I participate in 15 Hands & Hearts events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings which are or may be brought by me contrary to the terms of this Agreement.

RISK MANAGEMENT STATEMENTS:

- I understand that I cannot smoke while on the property of 15 Hands & Hearts and/or Sacred Peaks Equine Sanctuary. **Y** **N**
- I understand 15 Hands & Hearts has designated business hours at which time the staff are present or on the property. **Y** **N**
- I understand that I must wear an ASTM/SEI approved riding helmet to ride. **Y** **N**
- I understand that horses are **NOT** to be fed anything by hand. Hand feeding encourages biting. **Y** **N**
- I understand that horses are unpredictable and may kick, bite, or step on me. **Y** **N**

Participant's Name _____

Print Name _____

(circle one: Parent, guardian, Independent Adult/Client)

Signature _____ Date _____