

INFORMED CONSENT FORM/LIABILITY RELEASE

This INFORMED CONSENT FORM/LIABILITY RELEASE is made

and entered on this date _____, by and

between _____,

HORSE OWNER/GUARDIAN. This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully. Please let me know if you have any questions. Thank you.

Consent for Treatment

To proceed with receiving care, I confirm and understand the following **(Initial in all places provided)** -

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____

I understand that I am the decision maker for my health care. To the best of their ability, my equine practitioner will provide me with information to assist me in making informed choices. This process is often referred to as “informed consent” and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of care during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. _____

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period of time in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at your office to proceed with providing care. _____

I have been offered a copy of this consent form. _____

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY HORSE'S PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FOR MY HORSE FROM THIS OFFICE.

Client Signature:

Date: _____

Parent or Guardian Signature (in case of a minor)

Date: _____

Payment Policy

Payment is due & will be collected at the time of service(s). A valid credit card is required to be placed on file with our office. If the credit card on file will not process, & another valid credit card is not offered within 3 days of the date of service, Denise Bean-Raymond, D.B.A. Exclusive Equestrian Services, LLC, reserves the right to send the debt to a collection agency, pursue legal assistance & dismiss the client from any further service.

Credit Card Information

Credit Card

Number: _____

Expiration Date: _____

Security Code (Last 3 Numbers on The Back of The Card) _____

Billing Zip Code: _____

Name on Credit Card: _____

Billing Address: _____

Acknowledgement of Payment Policy

I have read and understand the payment policy completely. I am willfully signing, agreeing to and consenting to this payment policy, set forth by Denise Bean-Raymond, D.B.A. Exclusive Equestrian Services, LLC on this day for all services rendered today & all services rendered in the future, on all other dates.

PRINT Legal Horse Owner's Name: _____

Horse Owner's Signature: _____

Date: _____

Herein after designated HORSE OWNER/GUARDIAN. In return for services today, and on ALL future dates, the HORSE OWNER/GUARDIAN, his/her heirs, assigns, legal representatives, and successors in interest, hereby expressly agree to the following:

- HORSE OWNER/GUARDIAN HAS BEEN NOTIFIED THAT EQUINE MASSAGE THERAPY/EQUINE ACUPRESSURE THERAPY/EQUINE NUTRITIONAL INFORMATION **ARE NOT SUBSTITUTES FOR VETERINARY CARE/MEDICINE**. THEY DO NOT DIAGNOSE; IF YOUR HORSE APPEARS TO BE ILL, OR INJURED, PLEASE CONTACT YOUR VETERINARIAN IMMEDIATELY .

- HORSE OWNER/GUARDIAN HAS BEEN NOTIFIED THAT **PAYMENT MUST BE MADE UPON ARRIVAL OF THE EQUINE MASSAGE/ACUPRESSURE/NUTRITIONAL THERAPIST**. IF PAYMENT IS NOT MADE AT THIS TIME, THERE WILL BE NO SERVICE PROVIDED. THERE ARE ABSO-

LUTELY NO EXCEPTIONS TO THIS POLICY.

- HORSE OWNER/GUARDIAN HAS BEEN NOTIFIED THAT DENISE BEAN-RAYMOND D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC, RESERVES THE RIGHT TO MAINTAIN A **24 HOUR CANCELLATION POLICY**. APPOINTMENTS MUST BE CANCELLED WITHIN 24 HOURS OF THE SCHEDULED MEETING. **IF YOU CANCEL YOUR APPOINTMENT WITH LESS THAN 24 HOURS NOTICE, A 100% CANCELLATION FEE DOES APPLY** AND WILL BE DUE BEFORE A NEW APPOINTMENT IS SCHEDULED. NO EXCEPTIONS WILL BE MADE TO THIS POLICY.

- HORSE OWNER/GUARDIAN HAS BEEN NOTIFIED THAT ADVICE ABOUT NUTRITION, ESPECIALLY IN THE CASE OF ILLNESS, INJURY, DISORDERS OR CONDITIONS REQUIRING MEDICAL TREATMENT, IS NOT INTENDED TO REPLACE VETERINARY CARE. IT MAY BE USED IN CONJUNCTION WITH SUCH CARE TO FACILITATE HEALING AND MAINTAIN HEALTH. THE INFORMATION OFFERED BY DENISE BEAN-RAYMOND, D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC, IS PRESENTED FOR THE PURPOSE OF EDUCATING HORSE OWNERS. SUGGESTED FEEDS, SUPPLEMENTS AND PROCEDURES ARE ADMINISTERED VOLUNTARILY WITH THE UNDERSTANDING THAT ANY ADVERSE REACTION IS THE RESPONSIBILITY OF THE OWNER. FURTHERMORE, DENISE BEAN-RAYMOND, D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC, CANNOT BE HELD ACCOUNTABLE FOR HORSE'S RESPONSE, WHETHER FAVORABLE OR ADVERSE, TO NUTRITIONAL INTERVENTION.

- HORSE OWNER/GUARDIAN WILLFULLY AGREES TO SUBMIT HIS/HER CONSENT TO ALLOW DENISE BEAN-RAYMOND D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC THE PERMISSION TO PERFORM EQUINE MASSAGE THERAPY/EQUINE ACUPRESSURE THERAPY/EQUINE NUTRITIONAL INTERVENTION ON HIS/HER HORSE TODAY AND ON ALL FUTURE DATES.

- HORSE OWNER/GUARDIAN AGREES TO RELEASE DENISE BEAN- RAYMOND D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC FROM ANY LOSS, DAMAGE, LIABILITY OR INJURY ARISING OUT OF, OR RESULTING FROM, PARTICIPATION IN EQUINE MASSAGE THERAPY/ EQUINE ACUPRESSURE THERAPY/EQUINE NUTRITIONAL INTERVENTION, INCLUDING ANY NEGLIGENT ACTS OR OMISSIONS.

- HORSE OWNER/GUARDIAN AGREES TO INDEMNIFY, HOLD HARMLESS AND DEFEND DENISE BEAN-RAYMOND D.B.A. EXCLUSIVE EQUESTRIAN SERVICES LLC FROM ANY LOSS, DAMAGE, LIABILITY, OR INJURY, HOWEVER, CAUSED, RESULTING DIRECTLY OR INDIRECTLY FROM HIS/HER PARTICIPATION, OR FROM ACTS OR OMISSIONS. HORSE OWNER/GUARDIAN ACKNOWLEDGES THAT ACTIVITIES WITH AND AROUND HORSES INVOLVE INHERENT RISKS OF PHYSICAL INJURY TO PARTICIPANTS, HORSES AND TO OTHERS WHICH HORSE OWNER/GUARDIAN UNDERSTANDS AND EXPRESSLY ASSUMES.

Horse(s): _____

I hereby grant Denise Bean-Raymond D.B.A. Exclusive Equestrian Services LLC, its representatives and employees the right to take photographs of me and my property (i.e. horse) in connection with the above-identified subject. I authorize Denise Bean- Raymond D.B.A. Exclusive Equestrian Services LLC, its assigns and transfers to copyright, use and publish the same in print and/or electronically.

I agree that Denise Bean-Raymond D.B.A. Exclusive Equestrian Services LLC may use such photographs of me and or my property (i.e. horse) with or without my name and for any lawful purposes, including but not limited to publicity, illustration, advertising, social media and web content.

****UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128, SECTION 2D OF THE GENERAL LAWS.****

The undersigned hereby execute and deliver this agreement. I hereby state UNDER THE PAINS AND PENALTIES OF PERJURY that I have read this INFORMED CONSENT FORM/RELEASE OF LIABILITY in complete detail, understand the consequences thereof, and execute this instrument as a sealed instrument this

_____ day of _____, 20_____.

(PRINT NAME) HORSE OWNER/GUARDIAN

(SIGN NAME) HORSE OWNER/GUARDIAN

(ADDRESS)

(E-MAIL)

(PHONE NUMBERS)

(WITNESS)