

INFORMED CONSENT FORM/LIABILITY RELEASE

• HORSE OWNER/GUARDIAN HAS BEEN NOTIFIED THAT EQUINE MASSAGE THERAPY/EQUINE ACUPRESSURE THERAPY/EQUINE NUTRITIONAL INFORMATION/FAR INFRARED HEAT THERAPY 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/ FAR INFRARED HEAT THERAPIST. **IF PAYMENT IS NOT MADE AT THIS TIME, THERE WILL BE NO SERVICE PROVIDED. THERE ARE ABSOLUTELY 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, OTHERWISE, CLIENTS WILL BE CHARGED THE FULL FEE FOR SERVICES. 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/FAR INFRARED HEAT 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/FARINFRARED HEAT 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, 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)