

PHILLY EQUINE PARTNERS, LLC

**Equine Facilitated Psychotherapy
601 Summit Ave., Jenkintown PA 19046
Tel: 215-880-7015
Fax: 215-782-3933**

WAIVER AND RELEASE FOR EQUINE ASSISTED ACTIVITIES

Please read the following carefully and indicate your understanding and agreement to these statements by signing below.

I, the undersigned, understand and believe that the use, handling, or riding of a horse involves a risk of physical injury. I further know that any horse, regardless of its training and usual past behavior may act or react unpredictably at any time. With full awareness of the foregoing, I am knowingly and voluntarily engaging in equine facilitated learning activities sponsored or conducted by Philly Equine Partners and designated assistants. The possibility of injury to myself is accepted as a risk inherent in work with or activities around horses.

I, the undersigned, understand that safety in working with horses, whether riding or on the ground, requires mental alertness and a moderate degree of physical fitness. I have notified Brigitte Potgieter, owner/operator of Philly Equine Partners, of any conditions or limitations that impair my physical mobility or compromise my ability to remain alert and thinking at all times while engaged in equine facilitated activities and exercises.

I, the undersigned, also understand that I must and will use my own judgement where the situation demands it. I understand that all activities involved in equine facilitated learning and therapy are entirely voluntary and that I may elect not to comply with any suggested act. Brigitte Potgieter, as the facilitator at Philly Equine Partners, and other workshop participants, are entitled to my good faith efforts to respond to the exercise directives, but are not entitled to nor expect absolute obedience. It is expected that I will be alert and thinking at all times while engaged in equine facilitated learning and therapy activities.

In consideration of the potential learning and growth value of equine-facilitated activities, I the undersigned expressly and voluntarily assume the unavoidable risks inherent in horse related activities mounted and dismounted. I do hereby release, discharge and hold harmless **Philly Equine Partners and designated assistants and co-facilitators** from any and all claims which I, the undersigned, or my assigns, may assert as a result of physical injury or loss of property incurred while using, handling or riding a horse as part of equine facilitated activities on this date or other dates as part of an ongoing course of counseling or education.

My signature on this form constitutes expression of my understanding and agreement to all statements above and my total and unconditional release of **Philly Equine Partners and any co-workers or assigns** associated with equine facilitated learning or therapeutic activities.

Signature _____ **Date** _____

Print name _____

Signature of legal guardian _____ **Date** _____
(participant younger than 18yo)

Printed Name & Relationship to minor _____