

## EQUINE AND ECO THERAPY LIABILITY WAIVERS

### Equine Therapy

Equine-assisted therapy includes a combination of experiences and activities with horses as well as talking about what those experiences mean to you. Horses are sentient beings and are interested in relationships, will provide feedback, and will present opportunities to learn about yourself. Sometimes these activities are restricted to “on the ground” and sometimes include riding.

I, \_\_\_\_\_, desire to participate in equine-assisted therapy. I acknowledge the risks and potential risks of equine-assisted activities. Horses are large animals and can be dangerous. However, I believe that the potential benefits to myself/my child are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever any claims for damages against Tori Dabasinskas, LMFT, LPCC, ESMHL (Equine Specialist in Mental Health and Learning), Tori and Tom Dabasinskas Ranch Home, for any and all injuries, losses that I or my child may sustain while participating in equine-assisted activities or therapies with Tori Dabasinskas, LMFT, LPCC, ESMHL.

*The Equine Activity Liability laws of the State of Washington, § RCW 4.24.540, state among its statutory provisions that, “an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity”. WARNING OF INHERENT RISKS: Equine Activity is inherently dangerous and equines have: a) the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; b) the unpredictability of the animal’s reaction to outside stimulation such as sounds, sudden movement, and unfamiliar objects, person, or other animals; c) collisions with other animals or objects; d) or the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. An equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

### Eco (Outdoor) Therapy

Eco-therapy individual sessions offered by Tori Dabasinskas, LMFT, LPCC, ESMHL, support participants in experiencing a deep and nurturing connection with the natural world, as well as a depth of experience in their internal world. These settings involve a modest level of physical activity and great care is taken to support participants’ well-being. Nevertheless, participation in any physical exercise or outdoor activity involves inherent risks that cannot be eliminated, regardless of the care taken to avoid injuries.

I, \_\_\_\_\_, understand that outdoor settings carry with it inherent risks

# TORI DABASINSKAS, LMFT, LPCC, ESMHL

WA LICENSE: LF60424732

CA LICENSE: MFC37796

that include, but are not limited to: bruises, sprains, other injuries, exposure to poison oak, hay, outdoor elements and reactions to insect bites or stings. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation in the outdoors.

- By signing my name below, I acknowledge that participation in the event exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Tori Dabasinskas, LMFT, LPCC, ESMHL, all other participants, and the owner(s) - Tori and Tom Dabasinskas - of the premises from any and all liability, negligence or other claims arising from or in any way connected with the event. My signature further acknowledges that I shall not now or at any time in the future bring any legal action regarding this event against Tori Dabasinskas, any other participant or the owner(s) - Tori and Tom Dabasinskas - of the premises; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature is binding to this liability waiver from this day forth. I HAVE READ THE ABOVE AND FULLY UNDERSTAND ITS PROVISIONS. I give my permission to Tori Dabasinskas to seek emergency medical diagnosis or treatment for me in the event that I am unconscious or unable to make my own decisions. Tori Dabasinskas' role in offering medical treatment will be limited to emergency first-aid and either transportation to the nearest medical facility, or contacting such a facility to arrange emergency transport.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_