**Equine Assisted Counseling Services**

 **INFORMED CONSENT**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for seeking service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent:** I do hereby seek and consent to take part in treatment at PEACE Ranch. Our sessions will be provided by a professional team which includes a mental health professional licensed by the state of Michigan, an equine specialist, and a horse or horses. Equine assisted counseling sessions will be held in a covered or outdoor arena regardless of weather. Closed toed/heeled shoes are required, no sandals are permitted. Please dress according to the weather.

I understand that no promises have been made to us as to the results of treatment at PEACE Ranch. I are aware that I may stop our treatment at any time. If I choose to do this, I will inform our therapist at PEACE Ranch as soon as possible.

**Confidentiality:** I understand that all information pertaining to our treatment is confidential, including records and all information conveyed during sessions. I understand that information I discuss in treatment will remain confidential except where state law requires disclosure. I understand the potential limitations of confidentiality as our sessions will take place out of doors at PEACE Ranch and may therefore be visible to individuals driving by, postal workers, or other service professionals making stops at the ranch, or to volunteers of PEACE Ranch who may be engaging in activities on the premises. Regular volunteers have been educated regarding the confidential nature of services and they maintain their distance when sessions are taking place. Additionally, part of the commitment they made during their volunteer training was to maintain confidentiality regarding therapeutic activities taking place at the Ranch. Further, I understand that our therapeutic team are mandatory reporters under state regulations and must report if they determine I are a danger to self or others or involved in abuse or neglect of children or the elderly.

**Medical Emergency:** I give our consent in the event of a medical emergency for PEACE Ranch to provide such medical assistance as deemed to be necessary. I authorize any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned.

**Photo Release: \_\_\_\_\_\_ I DO or \_\_\_\_\_ I DO NOT** Give our consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibits, possible use on website, or for any other use to showcase Family Services or the PEACE Ranch program.

**Cancellation Policy:** Please notify PEACE Ranch if your family cannot make your appointment so another family may receive services.

**Risks:** Participation in equine related activities involves certain inherent risks and, regardless of the care that is taken, it is impossible to ensure the safety of the participant. *Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.*

It is mutually understood and agreed that this informed consent constitutes a waiver of liability beyond the provisions of the Michigan Equine Activity Liability Act, 1994 P.A. 351. By signing this release, I agree not to bring any claim or suit against PEACE Ranch or persons or entities working on behalf of or affiliated with PEACE Ranch on the basis of any exception in that law.

Should I breach this Release (or any part of it), I agree to pay the attorney’s fees and court costs related to such breach incurred by PEACE Ranch and/or persons directly affiliated with PEACE Ranch. It is also mutually agreed that any disputes arising under this release, or any activities that are undertaken pursuant to this document, shall be litigated in a court of proper jurisdiction located in or nearest to Grand Traverse County, Michigan.

**Waiver and Liability Release:** As consideration for PEACE Ranch allowing me to engage in equine related activities at any time and at any location, I agree to assume full responsibility for any and all bodily injuries, losses, or damages that I may sustain. I, for our heirs, administrators, personal representatives, or assigns, release and discharge PEACE Ranch, Paraklesis Inc., and their employees, assistants, directors, volunteers, land owners, and owners of horses from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present or future).

**Indemnification**: I also agree to indemnify and hold harmless PEACE Ranch and persons or entities working on behalf of or affiliated with PEACE Ranch against all damages which are sustained or suffered by any third persons. The indemnification shall include reimbursement of PEACE Ranch’s attorney fees.

**By my signature below I am indicating that I have read, understood, and agree with ALL of the above information and that any questions you have had about this statement have been answered to your satisfaction.**

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

PEACE Team: MH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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