MINOR INFORMED CONSENT

& Equine Assisted Counseling Agreement

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Consent:** I do hereby seek and consent for my minor child to take part in treatment at PEACE Ranch. I understand:

* 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.
* Sessions will be held in a covered or outdoor arena regardless of weather.
* Closed toed/heeled shoes are required, no sandals are permitted.
* My child will have adequate dress according to the weather.

I am aware that I may stop my treatment at any time. If I choose to do this, I will inform my therapist at PEACE Ranch as soon as possible. I am only responsible for services rendered. A understand a termination session is highly recommended.

**Confidentiality:** I understand that all information pertaining to my child’s treatment is confidential including records and all information conveyed during sessions. I understand that information discussed in treatment will remain confidential except where state law requires disclosure. I understand the potential limitations of confidentiality as my sessions will take place out of doors 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 are educated regarding the confidential nature of services and are committed to maintain confidentiality regarding therapeutic activities taking place at the Ranch.

**Medical Emergency:** I give my 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.

**Payment and Cancellation Policy:** Payment is expected at the time of service, unless other plans have been directly arranged with my team. I understand it is my responsibility to cancel an appointment at least 24 hours before the time of the appointment. No shows will be charged for appointment time. Treatment will not continue without resolution.

**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 my 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.**

Parent Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

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