



STEPPING STONES RANCH, INC.  
LIABILITY RELEASE FORM

**Please Read Carefully Before Signing:**

I understand that under the *Ohio Equine Activity Liability Act*, each participant who engages in an equine (horse) activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

This release shall give notice to the participant, parent or guardian the risks of engaging in equine activities, including (1) the propensity of equine to behave in dangerous ways that may result in injury to the participant, (2) the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals, and (3) the hazards of surface or subsurface conditions. A release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent or guardian.

I consider these risks to be offset by the benefits that may be received by working with the horses and staff at Stepping Stones Ranch, Inc. These benefits may include, but are not limited to higher self-esteem, confidence, personal awareness, character development, leadership skills, problem solving skills, social skills and respect.

I understand that participants must consult with Danielle Combs or Darlene Hensley about any prescriptions drugs being used or any health or physical condition that may need to be considered at least 24 hours prior to sessions. For safety reasons, a participant may not actively participate in sessions if they are pregnant, under the influence of illegal drugs or alcohol.

Participants must wear long pants, closed toe and heel, hard soled shoes, remove any dangling jewelry, or any other loose items that may put the participants at risk. Please dress in layers for your comfort.

I hereby release Danielle Combs, Darlene Hensley and Stepping Stones Ranch, the therapists, counselors, employees, independent contractors and volunteers who work with them from any responsibility or liability for injury, loss, damage to person or property, including malpractice, resulting from equine activities.

I give Stepping Stones Ranch permission to use my photograph, video taped images, verbal or written feedback or representation of my experience, with the use of my first name, to help further the field of Equine Assisted Psychotherapy and/or for marketing purposes. Initial here \_\_\_\_\_

I understand that there may be other clients present while I am at Stepping Stones Ranch. I understand and will follow the HIPPA guidelines to protect their confidentiality. Anything I may see or hear in regards to clients is to remain completely confidential. Initial here \_\_\_\_\_

I have read and understand the provided information and agree with the terms in their entirety.

Participant (print) \_\_\_\_\_ Date \_\_\_\_\_

Participant (signature) \_\_\_\_\_

Parent or Guardian, if participant is a minor \_\_\_\_\_

**24 hour notification is requested for cancellations**

**Please contact 937-289-0100**