dynamic strides
THERAPY

PATIENT CONSENT AND RELEASE OF LIABILITY

I, for myself as the Patient named below or as the parent or legal guardian of the Patient named below, hereby consent to and assume the risk of participating in the hippotherapy program sponsored by DYNAMIC STRIDES THERAPY, INC. under the supervision of physical, occupational, and speech therapists, and/or any other therapeutic or recreational activities offered by DYNAMIC STRIDES THERAPY, INC. (collectively, the "Program").

I acknowledge my understanding that there are no assurances that Patient will receive physical or psychological benefits from participation in the Program and, if patient is participating in hippotherapy, that the ordinary risks associated with horseback riding may be increased by virtue of Patient's disability or medical condition. If patient is participating in hippotherapy, I further acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death.

For and in consideration of the agreement of DYNAMIC STRIDES THERAPY, INC. to provide Program services to Patient, I, for myself and/or Patient, and my/Patient's heirs and assigns, executors, or administrators, do hereby forever release, acquit, discharge and hold harmless DYNAMIC STRIDES THERAPY INC., its officers, directors, agents, employees, representatives and any therapists, volunteers and other people associated with the Program (the "Released Parties") and the successors and assigns of each Released Party from any liability associated with any personal injuries, physical or mental condition, known or unknown, to Patient, and the treatment thereof, as a result of, incidental to, or in any way arising from the acts or omissions of the Released Parties in connection with their provision of the Program services to Patient.

_____/_____/_____
Parent 1 or Legal Guardian (Print Name) Signature Date

_____/_____/_____
Parent 2 or Legal Guardian (Print Name) Signature Date

_____/_____/_____
Patient (Print Name) Signature (If over 18 years of age) Date

(In the event that you have sole legal custody of or are the sole living parent of the above-named child, only one signature is required.)

WARNING

Under Missouri law, an equine activity sponsor, an equine professional, a livestock activity sponsor, a livestock owner, a livestock facility, a livestock auction market, or any employee thereof is not liable for an injury to or the death of a participant in equine or livestock activities resulting from the inherent risks of equine or livestock activities pursuant to the Revised Statutes of Missouri.

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