Find the why. Restore equilibrium.

Mary Day
Certified Equine Structural Integration Therapist
327 Hunting Horn Lane, Vass, NC 28394
(910) 992-9229 · inlineequinebw@gmail.com

CLIENT AGREEMENT

Waiver and Release of Liability

Please complete this form before your horse's first session. If anything is unclear, ask before signing.

OWNER'S NAME _____

HORSE'S NAME _____

Acknowledgement and Consent

1. I am allowing my horse to receive alternative bodywork. I understand that this is not a substitute for medical treatment or medications, and that it is recommended that I work with my Veterinarian for any medical conditions that my animal may have. If the horse is undergoing medical treatment I have cleared this work with the attending veterinarian to ensure this therapy is appropriate for the horse at this time. I understand that any of the therapy sessions are for the purpose of stress reduction, relief from muscular tension, general relaxation and improvement of circulation and range of motion. If the mare is pregnant I have cleared this therapy with the reproduction veterinarian in charge of her care.
2. I understand that the Registered Equine Structural Integration/Myofascial Release Therapist cannot diagnose illness or disease, cannot prescribe medications, nutraceuticals, or supplements for my horse. I understand the therapist will not attempt any adjustments/musculoskeletal manipulations. I understand that any information provided by the Therapist is for educational purposes only, and is not diagnostically prescriptive in nature.
3. I have informed the Therapist of all my animal's known physical conditions, limitations, medical conditions and medications. It is my responsibility to update this information with the Therapist and contact In Line Equine if my animal's physical condition, limitations, medical condition or medications should change.
4. I have cleared alternative therapy for my horse(s) with the attending veterinarian and the veterinarian has approved that this type of therapy is appropriate for my horse(s).
5. By signing this release, I hereby waive and release the Therapist listed below from any and all liability, past, present and future, relating to massage and bodywork.

Release of Information

In order to facilitate communication, I allow In Line Equine to share information about my horse and their sessions with the following individuals:

TRAINER / RIDER

VETERINARIAN

BARN OWNER

OTHER

Signature

PRINTED NAME

SIGNATURE

DATE

THERAPIST

Mary Day

Certified Equine Structural Integration Therapist

327 Hunting Horn Lane, Vass, NC 28394 · (910) 992-9229 · inlineequinebw@gmail.com