

Stable Movements
18 SMITHHILL RD.
BINGHAMTON, NEW YORK 13905
607-727-7602

Consent for Participation and Release of Liability

No individual can be accepted for hippotherapy/therapeutic riding volunteer until all forms have been completed by the parent/guardian. If the patient is of legal age and mentally competent, he/she may complete the forms without parent's or guardian's signature.

Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by any of the organizations concerned including STABLE MOVEMENTS its officers, trustees, agents, employees, each and every and every one of its members and associates, the property owners upon whose land the hippotherapy sessions are conducted.”

“I request and consent to treatment that may include hippotherapy, and I have discussed this with my (my child's) doctor. I understand that no liability can be accepted by any of the organizations concerned with this therapy, including STABLE MOVEMENTS

Dated signatures of parent/guardian or patient of legal age must be included.