

Waiver and Release of Liability

I am allowing my horse _____ to receive bodywork performed by a practitioner from TML Equine Bodywork. I understand that bodywork is not a substitute for medical treatment or medications, and that it is recommended that I work with my veterinarian for any medical conditions my horse may have. I understand that the practitioner below cannot diagnose illness or disease or prescribe medications. I understand that any information provided by the practitioner is for educational purposes only and is not diagnostically prescriptive in nature. _____

I understand that any bodywork sessions are for the purpose of stress reduction, general relaxation, and relief of muscular tension; and that spinal manipulations are not part of the bodywork. _____

I have informed the practitioner of all of my horse's known physical conditions, limitations, medical conditions, and medications. I understand that it is my responsibility to update this information with TML Equine Bodywork and the practitioner and contact my veterinarian if my horse's physical condition, limitations, medical conditions, or medications should change. _____

I consent to pictures/videos being taken of my horse during any session to be used by TML Equine Bodywork for marketing purposes. _____

By signing this release, I hereby waive and release TML Equine Bodywork and the practitioner below from any and all liability, past, present, and future relating to all bodywork modalities.

Signature

Date

(Please print name)

Date

Name or practitioner
(please print)

Date