



**SCATTERED OAKS FARM: 20758 ED ACKLIN RD, MANOR TEXAS 78653**

**EQUINE ASSISTED PSYCHOTHERAPY (EAP) AGREEMENT AND LIABILITY RELEASE  
PLEASE READ CAREFULLY BEFORE SIGNING:**

**BY SIGNING THIS DOCUMENT YOU RELINQUISH ALL POTENTIAL CLAIMS TO LIABILITY FOR ALL THE PARTIES LISTED HEREIN**

- A. **Registration of EAP clients for agreement purposes:** I, the following listed individual hereinafter known as the "EAP Client", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in Equine Assisted Psychotherapy (EAP), including any mounted work, on the premises, and that this "EAP Client" will work with a horse of their own choosing from those available at the Farm, today and on all future dates, together with an Equine Professional and a Therapist, as listed below:

EAP Client Name (Print): \_\_\_\_\_

Therapist for EAP Client: Kathleen Choe, LPC-S

Equine Specialist for EAP Client: Shanna Monique Overmyer

Owner of Scatted Oaks Farm: Stacie Bird

- B. **Agreement Scope and Territory Definitions:** This agreement shall be legally binding upon me the registered EAP Client, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and physical location. Any disputes by the EAP client shall be litigated in the county in which the Farm is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void.
- C. **Activity Risk Classification:** I understand that working with a horse in EAP, whether mounted or on the ground, is classified as ***RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY***, and there are numerous inherent risks involved in such an activity despite all safety precautions. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. **Protective Headgear Warning:** All EAP clients under the age of 17 years are required to wear protective headgear, such as an equestrian helmet, while on horseback.
- E. **Conditions of Nature:** We are not responsible for total or partial acts of nature than may frighten a horse, causing it to shy or bolt or otherwise react in an unsafe manner.
- F. **Accidental and Personal Liability Insurance:** I agree that should medical treatment be required, my own accident/medical insurance company shall pay for all incurred expenses. It is understood that the EAP client assumes full responsibility for any accidents, harm, or injuries incurred while participating in EAP.
- G. **Liability Release:** By signing this waiver, I agree to hold harmless Scattered Oaks Farms and all its employees, Stacie Bird, Kathleen Choe and Monique Overmyer from all liability claims due to any form of injury incurred while participating in EAP.

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**PLEASE CONSULT YOUR ATTORNEY WITH ANY QUESTIONS REGARDING ANY PART OF THIS CONTRACT.**

**SIGNER STATEMENT OF AWARENESS**

I/We the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/We understand that by signing below I am waving valuable legal and equitable rights and assuming important legal obligations. I/We have carefully considered the risk involved in signing this document and sign with full knowledge of those risks. I/We further attest that all stated facts are true and accurate.

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Printed Name of EAP Client (First, MI, Last)

Date: \_\_\_\_\_

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Signature of EAP Client

**If Client is under 18 years of age:**

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Printed Name of Parent/Guardian (First, MI, Last)

Date: \_\_\_\_\_

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Signature of Parent/Guardian

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**For EAP Clients over the age of 17:**

\_\_\_\_ I accept the use of a helmet during mounted work.

\_\_\_\_ I decline the use of a helmet during mounted work.

Date: \_\_\_\_\_

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Signature of EAP Client