



Lindsey Bussey LPC, MSW
2051 Elder Hill Rd
Driftwood, TX, 78619
(512) 571-6074 | ffesinfo@gmail.com
Generoushorse.org

**WAIVER OF LIABILITY FOR THE GENEROUS HORSE PROJECT
2051 ELDER HILL RD, DRIFTWOOD, TX, 78619**

I (name) X

hereby freely agree to and make the following contractual representations and agreements. I fully realize the dangers of participating near horses, in horseback riding as well as camping, hiking, swimming, and participating in sport activities. I fully assume the risks associated with such participation including, by way of example and not limitations, the following: the dangers of falling off and breaking a limb, collisions with other horses, fence posts, gates, other riders, other horses, fixed and moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; the dangers of contact with biting insects, reptiles, and mammals; the dangers of participating in any play activity including drowning in the tank of the property; and the possibility of serious physical and/or mental trauma including death. I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively termed "successor") any and all right and claims which I have or which may hereafter accrue to me against, The Generous Horse Project, its employers Elisa Lumbers, Lindsey Bussey, any of their employees, contractors, volunteers, designates or heirs, any property owners, law enforcement agencies, all public entities, special districts and properties (and their respective agents, officials and employees) through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of my participating with activities at The Genrous Horse Project of travel to or from The Generous Horse Project.

I understand and agree that situations may arise during my therapy sessions or while I am receiving services that may be beyond the immediate control of The Generous Horse Project, and I must partake in any and all activities so as to neither endanger others or myself.

I, X fully understand the risks of participating with Horses and choose NOT to wear a helmet. I have no physical or mental condition which to my knowledge would endanger myself or others if I participate in these events, or on these premises The Generous Horse Project, or would interfere with my ability to participate in activities at The Generous Horse Project.

I agree for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for all the expenses (including legal fees) incurred by the other party or parties in defending his, her or themselves against my claim. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provisions herein or as consent to any subsequent waiver or modification.

WARNING: 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.

X _____ Date: _____
Signature



Lindsey Bussey LPC, MSW
2051 Elder Hill Rd
Driftwood, TX, 78619
(512) 571-6074 | ffesinfo@gmail.com
Generoushorse.org

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Full Name: _____ DOB: _____ Age: _____
Address: _____
City: _____ State/Zip: _____

Medical Information

Physician's Name: _____ Location: _____
Medical D/X or Concerns: _____
Mental Health D/X: _____
Current medications: _____

In the event of an emergency, contact:

In the event, emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize The Generous Horse Project to:

1. Secure and retain medical treatment and transportation if needed
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. Administer First Aid treatment.

Consent Plan This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature Client Consent _____ **Date:** _____

Non-Consent Plan I do not give my consent for emergency medical treatment/aid in the case off illness or injury during the process of receiving services or while being on the property of The Generous Horse Project. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Signature Non-Consent: _____ **Date:** _____



Lindsey Bussey LPC, MSW
1905 Elder Hill Rd
Driftwood, TX, 78619
(512) 571-6074 | ffeinfo@gmail.com
Generoushorse.org

EQUINE FACILITY SAFETY PROCEDURES

There are inherent dangers to being outdoors and near horses. To keep our participants, volunteers, therapists, instructors, visitors, and horses safe, please adhere to these guidelines and be considerate of our zeal for safety.

- ☐ Remain in the designated waiting area; this includes counseling office building, client parking area, or outdoor seating areas.
- ☐ OFF LIMIT AREAS include enclosed horse pasture, round pen, feed room, closed gates, pastures, horse pens, horse stalls and property extending beyond The Generous Horse Project's fencing perimeter.
- ☐ Participants and guests must sign a liability release form for The Generous Horse Project.
- ☐ Participants are required to sign a medical release form in the event of an emergency.
- ☐ There is NO SMOKING anywhere on the property.
- ☐ DO NOT climb on fences or gates.
- ☐ DO NOT Run-in areas where horses are loose and be aware of the energy you bring into the space.
- ☐ THERE IS ACTIVE ELECTRIC FENCING ON SITE, it is marked with White electric wire, and will generate a harmful shock when touched. Areas are clearly marked and please take note of changes in fencing to ensure personal safety.
- ☐ All children must be directly supervised at all times on the property.
- ☐ Personal pets are not allowed on the property except service dogs.
- ☐ The Generous Horse Project is private property; there is no admittance outside of scheduled sessions unless prior authorization is obtained from Therapy Team.
- ☐ Never hand feed the horses.
- ☐ Participants are required to wear closed toed shoes such as sneakers, boots, or casual shoes (i.e., no sandals or open toes shoes).

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.

Client's Signature: **X** _____ Date: _____