



Hippotherapy Liability Waiver

This agreement and release from liability is entered into on this day, by and between Carolina Therapeutics, PLLC, Carolina Therapeutic Ranch, LLC, and the property owner at J.F. Tuff Stables (herein known as the OWNERS) and _____ (RIDER), and, if Rider is a minor, the parent/guardian of Rider _____ (patient, parent, legal guardian). In exchange for use of property, facilities, and services of Owners, the Rider, his/her heirs, assigns and legal representatives, hereby expressly agree to the following:

1. I agree that horseback riding and all equine activities are inherently dangerous activities AND that these activities will expose me to above normal risks of bodily injury and/or death.
2. I agree that I am responsible for my own safety while engaging in any and all equine activities on the Owner's property and/or the adjoining property of others, which have given me permission to ride.
3. I agree to acknowledge and abide by all of Owner's rules and regulations pertaining to any and all equine activities occurring on Owner's property and I agree to and am responsible for wearing protective gear appropriate for equine activities to ensure Rider's safety while engaging in such activities.
4. I understand the risks involved in equine activities and I AGREE TO ASSUME ANY AND ALL RISKS INVOLVED IN RIDER'S USE OF OR PRESENCE UPON OWNER'S PROPERTY AND FACILITIES while engaging in any equine activity without limitation and including the risks of death, bodily injury, property damage, falls, kicks, bites, unavailability of emergency medical care, and/or the ordinary negligence and/or deliberate act of another person.
5. I agree that Owner, the Owner's stable, its agents, and employees are NOT liable for any injury to or the death of Rider and/or a participant in equine activities resulting from the inherent risks of equine activities.
6. I agree to hold Owner, Owner's stable, its agents, and employees completely harmless and not liable and release them from all liability whatsoever, including acts of ordinary or gross negligence, associated with any equine activity during Rider's use of or presence upon Owner's property or the adjoining property of others for which permission to ride has been granted.
7. I agree to hold the owner of any and all adjoining property for which permission to ride has been granted completely harmless and not liable and release them from all liability whatsoever, including acts of ordinary or gross negligence, associated



with any equine activity during Rider's use of or presence upon the property owner's property.

8. I AGREE NOT TO SUE Owners, Owner's stable, its agents and/or employees in association with ANY claims, damages, costs, or expenses arising out of Rider's use of or presence upon Owner's property and facilities while engaging in any and all equine activities including those based on death, bodily injury, and property damage.
9. Rider is responsible for complete and full insurance coverage on himself/herself, personal property, and Rider's horse.
10. Rider and Rider's parent or guardian, (if Rider is a minor) agree that this agreement and release of liability is a contract that when signed by the parties involved will be legally binding to all parties, subject to the above terms and conditions and shall be enforced and interpreted under the laws of the state of South Carolina.

Financial Responsibility & Authorization

Carolina Therapeutic Ranch, LLC in collaboration with Carolina Therapeutics, PLLC, works to provide optimum care for the hippotherapy horses who are a part of the CTR/CT Team. As these specialty horses require additional support, hay and feed, boarding, trainers, and care, all families will be charged a material's fee to support these very special animals.

Our material's fee for those receiving Hippotherapy include:

- \$5 per visit for clients who have Medicaid
- \$30 per visit for clients who have Commercial (only) insurance

Please note that this material's fee is the responsibility of the parent or legal guardian as this fee is *not billable to insurance and is considered a non-covered fee.*

These fees will accrue ***in addition*** to whatever you may be financially responsible for based on what your insurance has determined. As therapy is provided at Carolina Therapeutic Ranch regardless of weather conditions or riding time on the horse, the fee will be charged to your account and is considered non-refundable.

In order to ensure this material's fee is processed appropriately, our policy is that a credit card will have to be placed on file before therapy can begin at the Ranch.



Carolina Therapeutic Ranch

Therefore, I, _____ (patient, parent, legal guardian), authorize the office of Carolina Therapeutics, PLLC, to use the following information to process payments rendered to the client according to the above Agreement.

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Card Security Code (CSC): _____

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip: _____

Email Address for Receipt:

A member of our Billing Team will reach out to you directly to receive your credit card information and help you get set up for secure payments through Stripe.

| Acknowledgement |
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| I, _____ (patient, parent, legal guardian), have read and understand the liability waiver, financial responsibility & authorization, and associated policies stated above, and I agree to the terms as stated. |
| Signature: _____ |
| Date: _____ |