

**SERVICE AGREEMENT
RELATIONSHIP CONSULTATION**

Passionately Living, LLC
Relationship Consultant: Rebecca Jones

Please let us know any questions you may have about this document prior to signing.

Welcome to Passionately Living, LLC! This document (“the Agreement”) contains important information about the professional services and business policies of Passionately Living, LLC and your relationship consultant Rebecca Jones.

While relationship consultation is not healthcare or treatment, Rebecca Jones will take care to protect your Protected Health Information in accordance with HIPAA, which is a federal law that provides privacy protections and rights with regard to the use and disclosure of your Protected Health Information. This agreement includes a Notice of Privacy Practices. The Notice explains HIPAA and its application to your personal health information in greater detail.

Your signature on this form will indicate that you have received and read this document and that you understand it and that you agree to it. When you sign this document, it will also represent an agreement between you and Passionately Living, LLC.

WHAT IS RELATIONSHIP CONSULTATION

Relationship consulting provides individuals, couples, and families with information and education about interpersonal communication and relationships in their lives. During a relationship consultation session, you receive feedback and gain both knowledge and skills pertaining to your communication and relationship styles. You learn about relationship dynamics and receive tools for problem-solving without your relationships.

Benefits and risks

Relationship consultation can have benefits and risks. Since relationship consultation involves learning about effective relationship strategies, building skills, and improving your communication style you may experience uncomfortable feelings in this learning process. On the other hand, relationship consulting may bring you many benefits. Learning more about relationships often leads to increased satisfaction in life. There are no guarantees of specific outcomes or what your own experience might be.

RELATIONSHIP CONSULTATION IS NOT PSYCHOTHERAPY

The role as a relationship consultant is **not** that of a professional counselor, mental health therapist or psychotherapist. The role does not encompass diagnosis or deeper work on goals, or to affect emotional or behavioral change on personality, mood or behavioral disorders. If it becomes evident that a deeper level of intervention is required at any time, or it becomes necessary to refer to a licensed therapist, your relationship consultant will discuss with you and assist you in obtaining the proper clinical support. While your relationship consultant Rebecca Jones is not providing therapy to you, she is a licensed professional in the State of Virginia and will abide by all state laws and rules governing her license. This includes, but not limited to:

- Mandated reporting (Rebecca Jones is required to assist in averting a serious threat to the health and safety of yourself or others by notifying appropriate authorities and parties)
 - If you communicate to Rebecca Jones a serious threat of violence toward someone, she must warn that person and the police.
 - If Rebecca Jones has reasonable suspicion that a child, a vulnerable adult, or an elder is being abused, she must report it to the appropriate agency.
 - If you become involved in a legal proceeding, the records of our consulting sessions may be subpoenaed into evidence. There does not exist patient-therapist confidentiality as you are not receiving therapy.
 - If Rebecca Jones believes you are a danger to yourself or others, or is gravely disabled, she must do whatever she can within the limits of the law to ensure that you are safe, do not injure others, and receive proper medical care. Under these circumstances she may communicate with the persons you list on this form as emergency contacts, and/or she may arrange for you to be transported to the hospital.
- Avoiding dual relationships (if you are in an active professional relationship with Rebecca Jones via a service agreement, you cannot also socialize with her personally or be in other professional or personal relationships with her)
- Record keeping (Rebecca Jones will keep records of your sessions in accordance with the guidelines provided by HIPAA)

Please note that in your interactions with Rebecca Jones as relationship consultant there is no recourse for you to file a complaint with the state licensing board if there is a complaint as she is not providing counseling or psychotherapy. Despite not providing

therapy, counseling, or psychotherapy, Rebecca applies knowledge from a range of sources in her relationship consultation sessions.

Your signature below attests that you understand the difference between a Consultant/Coach and a Professional Counselor or Therapist and my responsibilities as a relationship consultant.

By checking this, you are eSigning this form.

ABOUT YOUR RELATIONSHIP CONSULTANT

Your relationship consultant Rebecca Jones' passion for educating her clients in communication strategy, relationship resiliency, and effective leadership skills, began early in her career through undergraduate research in positive psychology. She has vast experience working with couples, individuals, families, and corporations, providing hands-on training in improving communication techniques that lead to clear and positive results. Rebecca's appreciation for nature and animals provides her with the ability to enhance the learning environment, allowing clients unique opportunities to apply skills during their relationship consultation sessions.

In addition, Rebecca Jones is a Licensed Professional Counselor (LPC) in the Commonwealth of Virginia. Please note that it will not be possible for you to file a complaint against Rebecca with the Virginia state licensing board as you are not receiving counseling or psychotherapy.

Rebecca draws on information from a variety of sources to ensure success in her relationship consultation.

RELATIONSHIP CONSULTATION SETTINGS

At Passionately Living, LLC., we believe that relationship consultation can take place successfully both inside and outside of a traditional office. We offer the following settings:

Traditional Indoor Office Setting

The indoor office setting is the most typical place that clients receive relationship consultation.

“Telehealth” Setting – Via a Computer

When receiving relationship consultation via telehealth, the session takes place on a computer using a secure and confidential platform.

Outdoor/Walk-and-Talk Setting

In an outdoor “walk-and-talk” setting, your session takes place outside and usually involves walking together with your relationship consultant. This can take place on the beach or otherwise in nature.

Outdoor with Equine Interactions

Interacting with horses during relationship consultation means that your session takes place in a natural and experiential setting. This typically involves a combination of moving around, interacting with horses, and sitting down, all together with your relationship consultant.

You and your relationship consultant will decide together which setting is right for you. If you choose an outdoor setting additional consent documents will be provided through your client portal to be completed prior to your first outdoor relationship consultation session. Providing consent for services in various settings allows you the flexibility to choose what setting fits your needs most at different times during the course of relationship consultation.

CONTACTING YOUR RELATIONSHIP CONSULTANT

Your relationship consultant Rebecca Jones, schedules her appointments strictly by phone. She can be reached at (757) 514-1655 or (757) 644-1749. Rebecca does her best to answer or return calls within 24 hours on business days. If you are in crisis, please go to the nearest emergency room or call 911.

If you are calling your relationship consultant to cancel and/or reschedule an appointment, please leave a voicemail at (757) 514-1655 or (757) 644-1749. It is important that you cancel your appointment at least 24 hours prior to it taking place. Cancellations or missed appointments (no-shows) without a 24-hour notice will be subject to full fee charge. The credit card on file in your patient portal will be charged for this.

If your relationship consultant must cancel or reschedule your appointment due to an unexpected illness or emergency they will contact you via phone and email to ensure you receive the message.

Text and Email HIPAA Consent

To use text messaging and emails for communications, HIPAA regulations require consent to this in writing. By signing below, you consent to using text and/or email messaging with the full understanding that we cannot guarantee your confidentiality.

By checking this, you are eSigning this form.

FEES FOR SERVICES

The fee for a standard relationship consultation is \$150 for a 50-minute session. Any additional time with your relationship consultant outside of a scheduled session (standard or extended/intensive) is billed at \$3 per minute. This excludes calls with your consultant for canceling, scheduling and/or rescheduling an appointment.

Since many of the consultation services offered are customized specifically to fit your needs, please know that fees may differ depending on your session's customized format and timing. You will always be asked to review and confirm rates prior to receiving services.

If you have scheduled an extended ("intensive") session of more than 50 minutes in length, a deposit of \$150 is required when scheduling your session.

If you are receiving on-going consulting/coaching services and there is going to be a change in the current rate for standard sessions (50 minutes), you will be notified prior to your next scheduled appointment.

Cancellations and No-Show Charges

You will be charged in full for your scheduled session when you cancel your appointment with less than 24-hour notice. You will be charged for your session in full if you do not show up to your appointment as scheduled (no-show). The credit card on file in your client portal will be used for this charge.

You will not be charged if you contact your relationship consultant via phone at least 24 hours in advance of your session to cancel or reschedule.

If you fail to cancel your extended ("intensive") session with less than 24-hour notice or if you no-show, you will be charged in full for your session. Your \$150 deposit will be deducted from the session fee.

BILLING AND PAYMENT

We accept cash, check, and major credit cards. Payment is expected at the start of each appointment. The card on file in your client portal will be charged at the start of each session unless you notify us in advance that another method of payment is preferred.

If there is an outstanding balance on your account, Passionately Living, LLC., reserves the right to cancel upcoming appointments until payment has been received. We will discuss developing a payment plan with any client struggling to pay a past due balance prior to sending the unpaid invoice(s) to collections.

Insurance

Please note that we do not accept insurance. You are not receiving healthcare services and cannot use insurance for relationship consultation at Passionately Living, LLC.

HOW TO UNDERSTAND THE NOTICE OF PRIVACY PRACTICES AND INFORMED CONSENT IN RELATIONSHIP CONSULTATION

We are providing you with the standard HIPAA notice of privacy practices and informed consent. The language in this notice is geared toward those receiving healthcare services, such as treatment. The presence of this notice in the service agreement does not mean that the relationship consultation you will receive is a healthcare service. It is not. We will, however, follow HIPAA guidelines when it comes to how we handle information about you known as protected health information (PHI) and how we maintain confidentiality about the content of the relationship consultation. Please let your relationship consultant Rebecca Jones know if you have any questions about this.

This notice describes how health information may be used and disclosed and how you can get access to this information. Please review it carefully.

1. Your health information

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this mental health care practice. This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights to the health information we keep about you, and describe

certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that protected health information (“PHI”) that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- The terms of this Notice may change, and such changes will apply to all information we have about you. The new Notice will be available upon request.

2. How we may use and disclose health information about you

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what it means and provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment Payment, or Health Care Operations: Federal privacy rules (regulations) allow health care providers who have direct treatment relationship with the patient/client to use or disclose the patient/client’s personal health information without the patient’s written authorization, to carry out the health care provider’s own treatment, payment or health care operations. We may also disclose your protected health information for the treatment activities of any health care provider. This too can be done without your written authorization. For example, if a clinician were to consult with another licensed health care provider about your condition, we would be permitted to use and disclose your personal health information, which is otherwise confidential, in order to assist the clinician in diagnosis and treatment of your mental health condition.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word “treatment” includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

Lawsuits and Disputes: If you are involved in a lawsuit, we may disclose health information in response to a court or administrative order. We may also disclose health information about your child in response to a subpoena, discovery request, or other

lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

3. Certain uses and disclosures require your authorization

Psychotherapy Notes. We keep “psychotherapy notes” as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- For our use in treating you.
- For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- For our use in defending ourselves in legal proceedings instituted by you.
- For use by the Secretary of Health and Human Services to investigate our compliance with HIPAA. Required by law and the use or disclosure is limited to the requirements of such law.
- Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- Required by a coroner who is performing duties authorized by law.
- Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. We will not use or disclose your PHI for marketing purposes.

Sale of PHI. We will not sell your PHI in the regular course of our business.

4. Certain uses and disclosures do not require your authorization

Subject to certain limitations in the law, we can use and disclose your PHI without your Authorization for the following reasons:

- When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.
- For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone’s health or safety.

- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, although our preference is to obtain an Authorization from you before doing so.
- For law enforcement purposes, including reporting crimes occurring on our premises.
- To coroners or medical examiners, when such individuals are performing duties authorized by law.
- For research purposes, including studying and comparing the mental health of patients who received one form of therapy versus those who received another form of therapy for the same condition.
- Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counter- intelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.
- For workers' compensation purposes. Although our preference is to obtain an Authorization from you, we may provide your PHI in order to comply with workers' compensation laws.
- For appointment reminders and health related benefits or services. We may use and disclose your PHI to contact you to remind you that you have an appointment with us. We may also use and disclose your PHI to tell you about treatment alternatives, or other health care services or benefits that we offer.

5. Certain uses and disclosures require you to have the opportunity to object

Disclosures to family, friends, or others.

- We may provide your PHI to a family member, friend, or other person *that you indicate is involved in your care* or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

6. You have the following rights with respect to your PHI

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care

operations purposes. We are not required to agree to your request, and we may say “no” if we believe it would affect your health care.

The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full. You have the right to request restrictions on disclosures of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.

The Right to Choose How We Send PHI to You. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and we may charge a reasonable fee for doing so.

The Right to Get a List of the Disclosures We Have Made to You. You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided us with an Authorization. We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say “no” to your request, but we will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And, even if you have agreed to receive this Notice via email, you also have the right to request a paper copy of it.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY esigning this form you are agreeing ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. *By checking this, you are eSigning this form.*

SAFETY POLICY

In order to ensure the safety of you and Passionately Living, LLC., employees we ask that you please refrain from bringing any weapons (i.e., guns, knives, harmful objects), drugs, and/or alcohol onto our property and/or with you during outdoor relationship consultation sessions. If you have a concealed carry permit, we kindly ask that you leave your firearm in your vehicle during your visit. We reserve the right to cancel, terminate the session and/or end relationship consultation agreement at any time it is determined this policy has been violated. You will still be charged for your session in full.

SOCIAL MEDIA POLICY

In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on any social networking platforms or websites. We do not accept friend or contact requests from current or former clients, nor will we respond to messages. This includes Twitter, Instagram, Facebook, LinkedIn, etc. We appreciate your understanding of this policy.

Passionately Living, LLC. has a public Instagram and Facebook account (Instagram: @whatwouldmytherapistsay & Facebook: Passionately Living LLC). Please note that content shared on these platforms is strictly for educational and entertainment purposes only.

PROFESSIONAL RECORDS

Rebecca Jones will keep appropriate records of your relationship consultation session. She will protect your privacy and maintain confidentiality through following the guidance provided by HIPAA. You can learn more by reviewing the notice of privacy practices and informed consent enclosed within this agreement.

QUESTIONS AND CONCERNS

If you have any questions or concerns about your relationship consultation services or billing statement, please talk to us about it. If for any reason you are not happy with the

services being provided, please speak directly with your relationship consultant. We welcome your feedback to ensure quality of service.

CONSENT FOR SERVICES AND SIGNATURE DOCUMENTS

Your signature below indicates that you have read this Service Agreement and agree to receive relationship consultation services from your relationship consultant Rebecca Jones. Your signature below indicates that you are making an informed choice to consent to receiving the services provided by Rebecca Jones through Passionately Living, LLC and understand and accept the terms of this agreement.

I have read and agreed to the terms in this agreement.

Sign here

By adding your signature, you are eSigning this form

Guardian Signature for Minor

Sign here

By adding your signature, you are eSigning this form

CONSENT FOR OUTDOOR/WALK-AND-TALK

I give consent to receive relationship consultation outside of the office, offered through Passionately Living, LLC.

I recognize that complete confidentiality cannot be maintained in this setting, and I accept the possibility that other people may hear parts of my conversation.

I recognize that it is up to the discretion of my relationship consultant whether Outdoor/Walk-and-Talk can be utilized during my sessions.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this setting. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required.

I recognize that my relationship consultant and Passionately Living, LLC are not responsible for any accidents, falls, injuries and/or sunburn that may occur during an Outdoor/Walk-and-Talk session.

I recognize that poor weather conditions may keep the session indoors and I will still be committed to attending the full session.

Sign here

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CONSENT FOR OUTDOOR/EQUINE INTERACTIONS

I give consent to receive relationship consultation outside of the office, offered through Passionately Living, LLC.

I recognize that complete confidentiality cannot be maintained in this setting, and I accept the possibility that other people may hear parts of my conversation.

I recognize that it is up to the discretion of my relationship consultant whether equine interactions and the general outdoor setting can be utilized during my sessions.

I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this setting. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way required.

I recognize that my relationship consultant and Passionately Living, LLC are not responsible for any accidents, falls, injuries and/or sunburn that may occur during a Outdoor/Equine Interactions session.

I recognize that poor weather conditions may keep the session indoors and I will still be committed to attending the full session.

I agree to sign a specific Release, Waiver, and Indemnity Agreement to receive services with equine interactions. This waiver concerns Passionately Living, LLC and the organization where equine interactions takes place, Untamed Spirit Educational and Therapeutic Program.

I agree to follow the directions provided by the relationship consultant for my behavior around horses, my behavior in the equine and farm setting, and use of protective equipment.

Notice of Intrinsic Dangers of Equine Activities pursuant to Code of Virginia 3.1-796.130c: "Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

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RELEASE WAIVER & INDEMNITY AGREEMENT FOR INTERACTIONS WITH HORSES

The undersigned (hereinafter referred to as "Client"), being of legal age or signing in conjunction with a parent, legal guardian, or caretaker if not of legal age, desires to enter upon the premises known as Forward Motion Farm and home to Untamed Spirit Therapeutic and Educational Program and/or to use horses and/or facilities either owned or controlled by Untamed Spirit Therapeutic and Educational Program, and/or to

receive training or instruction from the agents, volunteers or employees of Untamed Spirit Therapeutic and Educational Program, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver, & Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as Forward Motion Farm and home to Untamed Spirit Therapeutic and Educational Program and/or receive instruction or assistance from the agents, volunteers or employees of Untamed Spirit Therapeutic and Educational Program, Client knowingly and expressly waives Client's rights to sue Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, volunteers, directors, employees, agents, successors, heirs, and assigns, for any injury, death, loss, or damage caused to Client or to Client's property, and Client agrees to assume all risks inherent in riding or otherwise coming in contact with horse, including without limitation, the risks of injury, death, loss, or damage to Client or to Client's property.

Client acknowledge that Client has been given notice of the risks inherent in and intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a Client acting in a negligent manner that may contribute to injury to the Client or others such as failing to maintain control over the equine or not acting within the Client's ability, and Client expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Client and to any and all minor children and/or wards of Client, in accordance with the terms of Va. Code Ann. §3.1-796.132B, and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.130 et seq. (Chapter 27.5, Code of Va. (1950).

If Client is a minor or otherwise under a legal disability, this agreement shall be signed by Client's parent, legal guardian or caretaker. By signing, the parent, legal guardian or caretaker agrees (i) to waive the parent's, legal guardian's, caretaker's and Client's rights to sue the parties named in the immediately preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Client, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless Untamed Spirit Therapeutic

and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns from any loss, claim, suit, or judgment resulting from any injury, death, loss, or damage sustained or claimed by Client (or Client's personal representative), and further to indemnify Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns from any and all costs of defending such claims, including attorney's fees.

It is expressly agreed by Client and any parent or guardian whose signature appears on this document that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns are covered by the provisions of that Act.

This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact. Client has been advised to wear protective headgear, and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury. I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

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