Liability Release Form

I _____ (owners name) am allowing my
horse_____ (horses' name) to receive massage therapy from
Lara Huff, Pegasus Equine Wellness, LLC.

I understand that equine sports massage therapy is never a substitute for proper veterinary care, medical treatment or medications. I understand that my practitioner will not diagnose conditions, illness or disease. I understand that my practitioner will not attempt chiropractic adjustments, nor prescribe medications, or supplements for my horse. If my horse is currently being seen by a veterinarian for the recovery from illness or injury, I have cleared this work with him/her to ensure that massage is at this time appropriate for my horse, and that it is recommended that I work with my Veterinarian for any medical conditions that my animal may have. It is my responsibility to update this information with the Therapist and contact my Veterinarian if my animal's physical condition, limitations, medical condition or medications should change.

I understand that the massage sessions are for the purpose of stress reduction, relief from muscular tension, general relaxation and improvement of circulation and range of motion.

I understand that any information provided by the Massage Therapist is for educational purposes only, and is not diagnostically prescriptive in nature.

I, being the authorized agent or owner of this horse, have read and understand the information on this form. I understand that body work is NOT a substitute for veterinary care, and that it is my responsibility to consult with a veterinarian regarding complementary care for my horse. I HEREBY RELEASE, WAIVE and FOREVER DISCHARGE the above named Equine Massage Therapist from all claims, demands, actions, and causes of action of any kind or nature.

This release shall be binding upon the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns.

By signing the following, the User agrees to the terms and conditions set forth in this document and fully understands its contents. The user is aware that this is a contract between the User and Lara Huff, Pegasus Equine Wellness, LLC. and contains an assumption of risk and release of liability for the User, his/her property, and his/her animal. By signing, you declare that you are signing of your own free will. By signing this release, you certify that you are eighteen (18) years of age or older or have delivered the consent of your parent(s) or guardian to the Practitioner, Lara Huff, Pegasus Equine Wellness, LLC.

Releasor (User) Name Date

Releasor (User) Signature