



## EQUINE CRYOTHERAPY LIABILITY WAIVER & RELEASE FORM

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### CLIENT INFORMATION

Owner Name: \_\_\_\_\_

Horse Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### ACKNOWLEDGMENT OF RISK

I, the undersigned, acknowledge that equine activities and treatments, including cryotherapy (cold therapy), involve inherent risks. These risks may include, but are not limited to:

- Injury to the horse, including tissue damage, skin irritation, or adverse reactions
- Aggravation of pre-existing conditions
- Unexpected reactions to cold exposure
- Injury to persons handling or near the horse

I understand that horses are unpredictable animals and may react suddenly to treatment.

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### VOLUNTARY CONSENT

I voluntarily consent to the application of cryotherapy treatments for my horse. I confirm that I have disclosed all known medical conditions, injuries, and relevant history.

I understand that this treatment is not a substitute for veterinary care unless performed under veterinary direction.

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## RELEASE OF LIABILITY

I hereby release, waive, and discharge:

Business Name: \_\_\_\_\_

and its owners, employees, contractors, and affiliates from any and all liability, claims, demands, or causes of action arising out of or related to:

- Injury, illness, or damage to my horse
- Injury to myself or others present
- Any complications resulting from cryotherapy treatment

This release applies even if caused by negligence, to the fullest extent permitted by law.

\_\_\_\_\_

## INDEMNIFICATION

I agree to indemnify and hold harmless the above-named business from any loss, liability, damage, or costs, including legal fees, arising from my participation or my horse's participation in these services.

\_\_\_\_\_

## HEALTH & SAFETY CONFIRMATION

I confirm that:

- My horse is fit for cryotherapy treatment
- I have disclosed all injuries/conditions
- There are no known contraindications (e.g., cold sensitivity, circulation issues)

\_\_\_\_\_

## EMERGENCY CARE AUTHORIZATION

In the event of an emergency, I authorize the provider to seek veterinary care if I cannot be reached.

Preferred Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

## SIGNATURE

I have read, understood, and agree to this waiver.

Owner/Agent Name: \_\_\_\_\_

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