



Consent to Participate

I hereby provide consent for _____ to participate in a socialization group with Amazing Kidz Therapy, PLLC at Liberty Bell Stables. I understand that my child will be interacting with horses throughout the group. I recognize that my consent and child's participation in this group is voluntary and I enter into this consent with a full understanding of any and all risks that may be involved.

Any and all transportation to and from the stables is my responsibility for my child. The group will begin and end at Liberty Bell Stables.

It is the policy that all parents/guardians/adult transporting child to their group, remain on premises for the duration of your child's therapy session. Should this policy be broken without prior consent from Amazing Kidz Therapy, this may lead to a forfeiture of your child's ability to participate in the group.

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on property, I authorize Amazing Kidz Therapy, PLLC and/or Liberty Bell Stables to :

1. Secure, provide and retain medical treatment and transportation if needed.
2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment.

Any and all costs for emergency medical care will be the responsibility of the parent/guardian of the child including, but not limited to transportation, urgent care and medical treatment.

Parent/Guardian Signature: _____

Date: _____