



FOR OFFICE USE ONLY

Initial for Review: _____

Date of Approval: _____

Physician Care Contact: _____

DISCLOSURE OF NON-TREATMENT

Please Initial & Sign Below:

I confirm that I fully understand that my participation in the practice of EFL, NBSR, or all other methodology put forth by professionally certified Ashley E. Faulk, or of the host farm at the time of service is in the nature of *wellness support services* ONLY.

I confirm that I **do NOT/will NOT** expect, claim, hold liable for, or promote that the listed program or individual practitioners service clients in a therapeutic or rehabilitative nature.

I understand fully that this equine program for wellness and learning **IS NOT HORSE THERAPY**. I confirm that I will not hold responsible the above-mentioned parties for any sort of therapeutic course of action, treatment plan, or specific recovery results, nor the efficacy of such ideology and scope of practice.

I fully accept and agree to participate in this program as the described role of *wellness-support practice*, or alternative mental/emotional wellness companion and learning program.

I understand that my participation in such learning experiences could assist a distinctly separate outsourced therapeutic care plan issued by a licensed mental or medical health care professional of my choosing or one referred to on my behalf. **I do NOT hold responsible the above-mentioned parties to supply such care plans or psychotherapeutic services, as they are not in the entity's scope of practice.**

I understand that when referring to this organization and its responsible parties I will term this practice as a "wellness support practice (that partners with horses)" or "she is an equine facilitated learning practitioner" respectively; NOT "therapist" or "therapy".

Name of Participant _____ D.O.B. _____

Signature of Participant Date _____

ASHLEY E. FAULK B.S., CFLE

Specializing In
Equine Facilitated Learning
Nature Based Stress Reduction and Family-Life Stress & Crisis Management

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