

**DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC**

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**Equine-Facilitated Wellness Workshop Consent**

I voluntarily consent to participating in the Equine-Facilitated Wellness Workshop(s) hosted by Divine Interactions Equine Facilitated Wellness, LLC and Boeser Equine, LLC and understand that the workshop(s) I will be participating in IS/ARE NOT a psychotherapy group(s) and IS/ARE NOT reimbursable by my insurance company, therefore I will not attempt to seek reimbursement from my insurance company for this/these workshop(s) as it/they is/are for educational/informational purposes only (equine assisted learning activities).

\_\_\_\_\_  
*Signature of Participant*

\_\_\_\_\_  
*Date*

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_