Destinacion’s Therapy & Maybell’s Mission Inc.

Insurance waiver:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, choose to be a client of Jennifer R Wolf and Destinacion’s Therapy & Maybell’s Mission. I am aware that no insurance is accepted, and I choose to pay out of pocket and/or have worked out an affordable alternative to using insurance so I may continue to use horses as therapy at this facility. I have made this decision on my own, of sound mind, and aware of the cost of therapy as agreed upon by both parties.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(client)

Dated this, the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year 20\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(therapist)