



**EQUINE SPORTS MEDICINE**

**OF MARYLAND**

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**VISITOR NON-DISCLOSURE, CONFIDENTIALITY  
AND ACTIVITIES RELEASE AND  
ACKNOWLEDGEMENT**

I, \_\_\_\_\_,  
understand that in the course of visiting EQUINE SPORTS MEDICINE OF MARYLAND I may have access to, or become familiar with, patient names and other information concerning the patients within the practice. I agree to keep any information I may learn regarding patient information confidential and agree to not disclose such information.

I further understand that during my visit with EQUINE SPORTS MEDICINE OF MARYLAND I may engage in inherently dangerous activities and ride off practice property to view farms, or other areas in order to learn about veterinary medicine. I hereby release and discharge EQUINE SPORTS MEDICINE OF MARYLAND, it's predecessors, successors and assigns, along with any of their owners, directors, officers, representatives, employees and other agents from any liability associated with my visit. I assume all risk of injury that may occur during my visit.

\_\_\_\_\_  
Visitor Name Printed

\_\_\_\_\_ Date \_\_\_\_\_  
Visitor Signature

\_\_\_\_\_  
Guardian's Name Printed (If visitor under 18 years of age)

\_\_\_\_\_  
Guardian signature (If visitor under 18 years of age)

\_\_\_\_\_  
Emergency Contact Print Name

\_\_\_\_\_  
Emergency Contact Phone #s (List 2)