

CLINIC DATE:

LOCATION:



PATRICK KING HORSEMANSHIP

Training and Care Release Agreement

The undersigned ("Owner/Client") in consideration of services/instruction or training of my horse offered by Patrick King which instruction/services may take place in total or in part at Patrick King's property, or on property not owned by Patrick King hereby as follows:

I HEREBY RELEASE PATRICK KING, AND ANY FAMILY, HEIRS, EMPLOYEES, AND ASSOCIATE FACILITY OWNERS FROM THE FOLLOWING:

Any and all claims, demands, or causes of action of any nature whatsoever, now existing or as may accrue in the future in favor of myself, dependents, or to my property, both animate and inanimate, which claim, cause of action, or demand arises from entering and being on Patrick King's property or associated facilities, taking instruction from Patrick King, using tack or equipment provided by Patrick King, observing a horse owned or managed by Patrick King, purchasing, leasing or using a horse from Patrick King, and/or from any activities which arise from Patrick King's horse-training and teaching business.

I have been advised to wear an approved helmet so as to prevent or reduce horse-related injuries.

THIS RELEASE WAIVES ANY RIGHTS I HAVE TO PURSUE ANY CLAIMS, DEMANDS, OR CAUSES OF ACTION ARISING AS DESCRIBED ABOVE, WHETHER ARISING FROM NEGLIGENCE OR DEFAULT OF PATRICK KING, AND I ASSUME AND ACCEPT FULL RESPONSIBILITY AND RISK OF INJURY OR LOSS AS DESCRIBED ABOVE, WHICH MAY OCCUR BECAUSE OF MY ENTRY ONTO THE PROPERTY, PATRICK KING'S PREMISES, AND/OR PARTICIPATION IN PATRICK KING'S BUSINESS OR ANY EQUINE ACTIVITIES UNDER THE SUPERVISION OF PATRICK KING.

This release shall be effective at all times hereafter unless and until withdrawn in writing, and upon 5-day notice of such withdrawal personally delivered to Patrick King.

Date: _____

I have fully read and understand the foregoing release and agree to its terms.

Owner/Client

Parent/Guardian *

*If owner/client is under 18 years of age, then the signature of parent or legal guardian is required.

Please Print

NAME: _____

EMAIL: _____

PHONE: _____

COMPLETE ADDRESS: _____

EMERGENCY CONTACTS:

1. NAME & PHONE:

2. NAME & PHONE:

Patrick King Horsemanship, LLC

Office Mailing Address: 581 Clark Avenue, Ashville, OH 43103

760-473-5206 www.PKHorsemanship.com

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PR Release Form

If you decide not to sign this PR release form, we will not use any photographic pictures, moving pictures, and/or videotaped images of you and/or your horse.

I hereby expressly grant to Patrick King, and all licensees, successors, legal representatives and assigns, the absolute and irrevocable right to permission to use my name and to use, reproduce, edit, exhibit, project, display, publish and/or resell photographic pictures, moving pictures, and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and any of my possessions, including real and personal property (including but not limited to: videotapes, audio tapes, compact discs, computer files, film, slides and photographs) for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I acknowledge that I have no interest, ownership or copyright rights in any pictures, images or recording or in any forms of media thereof produced by Patrick King.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to save harmless Patrick King, all licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said pictures, images, or recordings and from liability for violation of any personal or proprietary right that I may have in connection with said pictures, images, or recordings and with the use thereof.

Date: _____

Name (printed): _____

Email: _____

Address: _____

City, State, Zip: _____

Signature: _____

Parent/Guardian Signature (if applicable): _____

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