



COACH KATHY GOODMAN of Calm Confident Horsemanship, LLC operating under the TM Pressure Proof LIABILITY WAIVER AND INFORMED CONSENT

Participant Name: _____ DOB: _____

Email: _____ Phone: _____

If Signing on Behalf of Minor:

Print Name: _____ Relationship to Minor: _____

I, the undersigned Participant, or the parent/guardian of the Participant listed above, agree that my participation is voluntary. I agree that I assume on my own behalf, or on behalf of my child, heirs, assignees, or administrators the unavoidable risks inherent in all horse and horse-related activities including, but not limited to: temporary or permanent bodily injury, partial or complete bodily injury, physical, mental, and emotional harm, and death to Participant. In consideration for the privilege of participating in equine related activities and education, Participant agrees to release, hold harmless, and indemnify *_____ (business name), *_____ (personal name), Coach Daniel Stewart, LLC, and Daniel Stewart, their successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes of action, obligations, debts, costs, expenses, attorneys' fees, expert witness fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any State or Federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any Harm to me, my child, or my horse and for any Harm caused by me, my child, or my horse(s) to others, even if the Harm resulted, directly or indirectly.

"Inherent risks of equine activities" mean those dangers or conditions which are an integral part of equine activities including, but not limited to: The unpredictable nature of any equine; The propensity of any equine to behave in ways that may result in injury, harm, distress (emotional or physical), or death to persons on or around them and/or damage to property in their vicinity; The unpredictability of an equine's reaction to anything such as sounds, movement, objects, persons, weather, or other animals; Certain hazards such as surface and subsurface objects; Collisions with other equines, animals, people, and/or objects; The potential of Participant, or another rider, to act in a manner that may contribute to injury to the Participant or others, such as failing to maintain control over the equine or act within their ability.

I agree to assume all risks of harm to myself, my child, and my horse, including harm while under the instruction of *_____ (business name), *_____ (personal name), Coach Daniel Stewart, LLC, and Daniel Stewart, their successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations, and I specifically agree to the applicable State statute, act, or law regarding equine and farm animal activity liability and sign postings (if any), in any State in which Participant participates. Although a list of state statutes is attached to this agreement, I agree to locate, review, and understand the full applicable statute in place at the time and in the State where I am participating. I acknowledge that I have read this Release Agreement, agree to be bound by its terms, and understand the inherent risks in equine activities. If I am an adult signing on behalf of a minor child, I agree that I am the parent and/or legal guardian of said child minor covered herein.

PHOTO RELEASE

I consent and agree that *_____ (business name), *_____ (personal name), Coach Daniel Stewart, LLC, and Daniel Stewart, their successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations have the right to take photographs, videos, and/or digital recordings of me and have the right to use these in any and all media, now and hereafter. I further consent that my name and identity may be revealed by descriptive text or commentary. I release to Coach Daniel Stewart, LLC, and Daniel Stewart, their successors or assigns, officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations all rights to exhibit this work in electronic and print form publicly or privately. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. I have read and understand this statement, and am competent to execute this agreement.

MEDICAL TREATMENT AUTHORIZATION

If the Participant requires emergency medical treatment on account of any accident or injury which may occur in connection with any activities, you are hereby given full authority to authorize any and all necessary emergency medical treatment for the named student including permission for the administration of anesthesia.

In the event the Participant is under the age of majority, the signature of the parents/custodial parent, or legal guardian is required.

Participant Name: ____ DOB: ____ Signature: ____ Dated: ____