

**KINSHIP WITH HORSES, LLC & GAIL PEARLES CLINIC VOLUNTARY RELEASE
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

I, _____, hereby acknowledge that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling and riding of horses with KINSHIP WITH HORSES, LLC & GAIL PEARLES CLINICS such instruction to take place on the premises of _____, sponsors.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. IN CONSIDERATION for being permitted to participate in said instruction and training:

1. I HEREBY RELEASE, WAIVE, DISCHARGE AND CONVEYANT NOT TO SUE, Gail Pearles, individually and doing business as KINSHIP WITH HORSES, LLC, each and every agent, employee or rider thereof, and the Sponsor or Sponsors named above, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributees, guardians, assigns, heirs and next of kin, all for purposes herein referred to as "Releasers", for injury, death, or damage resulting from my participation in said instructional and training as a result of the negligence of Releasees, or any employee, servant, agent or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasers for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasers now have or may have hereafter have for injury, death, or damage resulting from my participation in such activities.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they or any of them may incur due to my participation in said instruction and training.
3. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees, or any of them, or of any employees, servant, agent or contractor of Releasees resulting from my participation in said instruction or training.
4. I EXPRESSLY acknowledge that activities involving horses INHERENT RISKS which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND KINSHIP WITH HORSES, LLC AND GAIL PEARLES AND I SIGN IT OF MY OWN FREE WILL and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES. I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Name of Releasee (please print) _____

Signature of Applicant/Releaser _____

Guardian for Minor _____ Date(s) _____

HELMET POLICY: FOR RIDERS: FOR ALL THE REASONS SAID HERETO ABOVE, ALL RIDERS UNDER THE AGE OF 18 (MINORS) ARE REQUIRED TO WEAR A HELMET AT A KINSHIP WITH HORSES, LLC & GAIL PEARLES CLINIC. RIDERS 18 YEARS AND OLDER ARE STRONGLY SUGGESTED TO WEAR A HELMET WHILE RIDING AT CLINIC. I UNDERSTAND THE KINSHIP WITH HORSES LLC & GAIL PEARLES CLINIC POLICY ON HELMETS. _____ (initial)

I HAVE CHOSEN OF MY OWN FREE WILL TO NOT WEAR A HELMET DURING THIS CLINIC. I ASSUME ALL RISKS AND LIABILITY ASSOCIATED WITH MY CHOICE NOT TO WEAR A HELMET AT THIS CLINIC.

Signature of Rider _____

Date of Birth _____