



Pine Knoll Center for Integrated Horsemanship

EDUCATING AND UNITING PEOPLE AND HORSES THROUGH
THE ESSENCE OF HORSEMANSHIP AND HORSEEMPOWERMENT™ PROGRAMS

ACKNOWLEDGEMENT OF RISK & RELEASE

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGES. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING AND/OR AGREEMENT TO ITS TERMS.

In consideration of Pine Knoll Farm Inc. and all persons or entities in any capacity acting on their behalf (herein after collectively referred to as "RELEASEE") allowing the undersigned to participate in equine related activities, I hereby agree to release, discharge, hold harmless, defend, and indemnify RELEASEE, as follows:

I acknowledge that equestrian activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to: The propensity of an equine to behave in ways that may result in injury, sudden movement, from objects, persons, and other animals, certain hazards such as surface and subsurface conditions, collisions with other equines or objects, the potential of another participant or person to act in a negligent manner that may contribute to injury to myself or others, such as failing to maintain control over the animal, or not acting within his or her ability.

Furthermore, RELEASEE seeks safety, but RELEASEE is not infallible. RELEASEE might be ignorant of my fitness or abilities. RELEASEE might misjudge the weather, the elements, or the terrain. RELEASEE may give inadequate warnings or instructions, and the equipment being used might malfunction. I expressly agree and promise to accept and assume all of the risks existing in equine-related activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. *I am advised to always wear hard-soled, fully enclosed shoes or boots and socks to protect feet and long pants to protect legs while working around or interacting with horses. I am also advised to wear an ASTM/SEI certified helmet while riding any horse.*

I agree to bear the cost to cover any injury or damage caused by or suffered while participating in any equine-related activity. I further agree to bear the cost of physical conditions which would interfere with my safety in this activity, or else I willingly assume, and bear the cost of, all risks, known or anticipated, that may be created, directly or indirectly, by any such condition.

RELEASEE acknowledges that the Kentucky Farm Animal Activity Liability Act provides as follows: "A FARM ANIMAL ACTIVITY SPONSOR, FARM ANIMAL PROFESSIONAL, AND OR OTHER PERSON DOES NOT HAVE THE DUTY TO ELIMINATE ALL RISKS OF INJURY FROM PARTICIPATING IN FARM ANIMAL ACTIVITIES. THERE ARE INHERENT RISKS OF INJURY THAT YOU VOLUNTARILY ACCEPT IF YOU PARTICIPATED IN FARM ANIMAL ACTIVITIES." I acknowledge that this Agreement releases RELEASEE to a greater extent than the Kentucky Farm Animal Activity Liability Act.

Photo Release

I hereby give permission for images captured during equine programming through audio, video, photo, and digital camera recording, to be used solely for the purposes of Pine Knoll Farm promotional material and publications, and I waive any rights of compensation or ownership thereto.

Initial here for acceptance:

I have had sufficient opportunity to read this entire document. I understand and agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) Home: _____ Cell: _____ Email: _____

FOR PARENTS OR GUARDIANS: I agree on behalf of minor/participant to all the terms described above in this Agreement. I agree to RELEASEE making health care decisions with respect to the Participant if the Undersigned Parent/Guardian is unavailable to obtain such information or to make such decisions. (Must be completed for participants under the age of 18 or for participants lacking capacity and requiring a guardian)

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

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