



P K HORSEMANSHIP, LLC

Training and Care Release Agreement

The undersigned ("Owner/Client") in consideration of services/instruction or training of my horse offered by PK Horsemanship, LLC (hereto referred to as PKH) which instruction/services may take place in total or in part at PKH property, or on property not owned by PKH hereby as follows:

I HEREBY RELEASE PKH, 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 PKH property or associated facilities, taking instruction from PKH, using tack or equipment provided by PKH, observing a horse owned or managed by PKH, purchasing, leasing or using a horse from PKH, and/or from any activities which arise from PKH'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 PKH, 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, PKH PREMISES, AND/OR PARTICIPATION IN PKH BUSINESS OR ANY EQUINE ACTIVITIES UNDER THE SUPERVISION OF PKH.

This release shall be effective at all times hereafter unless and until withdrawn in writing, and upon 5-day notice of such withdrawal personally delivered to PKH.

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:

NAME & PHONE: _____

PK Horsemanship, LLC

Mailing Address: 6207 Williamsburg Way, Unit 213, DeForest, WI 53532 | 724-858-8536 | www.PKHorsemanship.com



P K HORSEMANSHIP, LLC

COVID-19/Pandemic Release Agreement

I am aware of the existence of the risk in the activity may cause injury or illness that may result in influenza, COVID-19, MRSA or other illnesses. I have not I, nor have any member of my household:

- Experienced symptoms of fatigue, dry cough, fevers or other symptoms within the last 14 days.
- Traveled by sea or air internationally within the last 30 days.
- Visited any area within the US highly affected by pandemics within the last 30 days.
- Been diagnosed with COVID-19.

I am fully and personally responsible for my own safety and actions, I recognize I may be at risk of contracting COVID-19. With full knowledge of the risks involved, I hereby release, waive and discharge PK Horsemanship, LLC (PKH), its officers, contractors, employees, successors, affiliates from all liabilities, claims and demands actions and causes of actions, directly or indirectly arising out of or related to any loss, damage, injury or death that may be sustained by me related to COVID 19 or other disease while participating in any activity on the premises that may lead to unintentional exposure or harm due to COVID 19 or other disease. I agree to indemnify, defend and hold harmless PKH from and against any and all costs, expenses, damages, law suits, liability or claims arising, whether directly or indirectly, from or related to any and all claims made by or against any of the released party to do injury loss and death due to COVID 19 or other disease.

By signing below I acknowledge that I have read the entire liability waiver and am sufficiently informed of all risks, both equine and pandemic.

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: _____

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PR Release Agreement

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 PK Horsemanship, LLC (PKH), 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 PKH.

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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