

Release of Liability

Name of Visitor/Client:		_
Address:		
City:	State: Zip:	
Phone: Em	nergency Contact/Phone:	
E-mail Address:		
Insurance Company:	Policy #	
employees and agents, including buliability of any nature, including burecreational, coaching, therapeutic	Consulting LLC and Equine Assisted Coaching ut not limited to Kelley M. White, Kelley M. Chaut not limited to injury, damage, or other misforture or educational activity, including but not limited ng or leading, which may take place at the location	aplin and Scott Chaplin from une resulting from any I to horseback riding,
associated with these recreational a	ement of risk of injury, damage or other misfortuand educational activities. I accept the risk of sucport or education, and undertake them voluntarily	ch activities, am aware that
· ·	family and guests are to stay out of all barns, pad a representative of KMW Consulting LLC and I	· · · · · · · · · · · · · · · · · · ·
Consulting LLC. and Equine Assist	to participate extended to me and for the services sted Coaching OC, I do hereby for myself, heirs, ge any claims, demands, actions or lawsuits that ronduct during my participation.	personal representatives and
Signature of Participant:	Date:	
Signature of Legal Guardian:	Date: 11051 Meads Ave, Orange, CA. 92869 Kmwhiteconsulting@gmail.com	