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Legal Name of Visit	or/Client:		
Address:	Stata	7in:	Phone:E-mail
Emergency Contact/	State Phone:	z.p	I none F-mail
Address:	<u> </u>		D mun
Insurance Company:	_		Policy #
Ranch, and Equine Findependent contract Chaplin from liabilit misfortune resulting	acilitated Coac tors, and agents y of any nature from any recreatited to horseba	hing and W, including b, including b ational, coack riding, gr	LLC, Equine Assisted Coaching OC, Whole Heart Tellness, officers, directors, employees, but not limited to Kelley M. Chaplin and Scott but not limited to injury, damage, or other ching, therapeutic or educational activity, rooming, ground exercises, walking or leading, rvices are provided.
death, associated wit	h these recreati	onal and ed	of injury, damage or other misfortune, including ducational activities. I accept the risk of such recreation, sport or education, and undertake them
	corrals unless a	ccompanied	uests are to stay out of all barns, paddocks, tack d by a representative of KMW Consulting LLC Ranch
KMW Consulting Ll personal representation	LC. and Equine ves and agents	Assisted Co forever rele	e extended to me and for the services rendered by oaching OC, I do hereby for myself, heirs, ease and discharge any claims, demands, actions ent, reckless or intentional conduct during my
I understand that the	se images may	be used:	
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Signature of Particip	ant:		Date:
Signature of Legal G	uardian:		Date:

(if participant is a minor)