



## Waiver and Release of Liability

In agreeing to participate in the Equestrian Clinic provided by Refine Your Ride LLC and Dr. Joanna Frantz (“R Y R”) and to use the facilities provided by (“HOST”): Location and Address to be provided by the rider. I agree as follows:

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by R Y R and the physical therapy activities and equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives or employees of R Y R, or HOST, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of R Y R, HOST, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify R Y R, HOST and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of R Y R or HOST.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE R Y R AND HOST FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

## Permission for Photographs/Videotaping

I have been asked by Refine Your Ride LLC (“R Y R”) to be Photographed and Videotaped. I understand that these photographs and videotapes may be used for professional and business purposes. I understand that body features will be viewable and identifiable facial features will be viewable, I may be identifiable from such photographs or videotapes. I waive the opportunity to review and approve the use of such photographs and/or videotapes before they are used in this manner. I will communicate with R Y R if I prefer otherwise.

I have had the above explained to me to my satisfaction, and I agree to the taking and use of photographs/videotapes for the purposes, and in this manner, described above.