



Reflections Equine

Equine Release and Hold Harmless Agreement

WARNING

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTIC ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673 YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY.

I understand that activities involving horses carry inherent risks and can be potentially dangerous despite all safety precautions. A horse may behave in a manner that result in damages to property or an injury or death to a person. Risks associated with the activity may include but are not limited to injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, falling, or butting.

The horse may react unpredictably to conditions, including, but not limited to, a sudden movement, loud noise, an unfamiliar environment, or the introduction of unfamiliar persons, animals, or objects. The horse also may react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the horse or failing to act in a manner consistent with the person's abilities

I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

There also are risks that I may take while leading, riding, feeding or otherwise interacting with horses. I also understand that I can help to minimize the risks by carefully following the direction of the staff.

I hereby grant permission and authority to Reflections Coaching, LLC (from hereon, Reflections Equine) and those acting on its behalf to obtain prompt medical attention in the event I may become injured. Should medical treatment be required during or following my participation in



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an activity associated with Reflections Equine, I agree that my insurance company shall pay for any and all expenses related thereto. In consideration of Reflections Equine allowing the participant to participate in this activity, I, on behalf of the participant, myself, the participant's and/or my heirs, personal representatives, and assigns, hereby agree to hold harmless, release and discharge Reflections Equine, its employees, directors, and anyone associated, either directly or indirectly, with Reflections Equine from any and all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, due to Reflections Equine and its representatives' ordinary negligence. I further agree, except in the event of Reflections Equine gross negligence or willful misconduct, that I will not bring any claim or legal action against Reflections Equine, its employees, directors, or anyone associated with Reflections Equine.

The terms of this agreement shall be construed as the entire agreement and may not be altered, amended or modified except in writing and signed by both parties. This agreement shall be governed by the laws of the state of Iowa and shall remain in effect for each activity with Reflections Equine.

Please Initial _____

Acknowledgement of Coaching

Client is solely responsible for creating and implementing his/her own physical, mental and emotional well-being, decisions, choices, actions and results arising out of or resulting from the coaching relationship and his/her coaching calls and interactions with the Coach. As such, the Client agrees that the Coach is not and will not be liable or responsible for any actions or inaction, or for any direct or indirect result of any services provided by the Coach. Client understands coaching is not therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

Please Initial _____



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Photo and Video Release

I further grant Reflections Equine the right to photograph, videotape, and/or record me and to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

Please Initial _____

Signer Statement of Awareness

By signing this document, I acknowledge that I have received the equine release and hold harmless agreement and I have been provided an opportunity to review it, and I understand its terms and freely and voluntarily sign the same. I also acknowledge that I am 18 years or older.

Participant Signature _____

Printed Name _____

Date _____

Home Address _____

Phone _____

DOB _____

Emergency Contact Name and Phone _____