



# Valkyrie Liability Release

Unmounted Programs • Valkyrie Equine Experiences + Valkyrie's Kindred Keep

*For Unmounted Equine-Assisted Programs, Coaching, Ground-Based Activities, Ranch Visits, and Related Services*

This release is intended for non-riding participation. Mounted therapeutic riding activities may require separate paperwork.

<b>Program Entities</b>	<b>Contact</b>
Valkyrie Equine Experiences LLC Valkyrie's Kindred Keep 8451 Creston Road Paso Robles, CA 93446	Marina Premoli 805-448-0792 valkyrieequineexperiences@gmail.com valkyrieequineexperiences.com

## Participant Information

<b>Participant Name</b>	_____
<b>If Minor, Parent/Guardian Name</b>	_____
<b>Phone</b>	_____
<b>Email</b>	_____
<b>Street Address</b>	_____
<b>City / State / Zip</b>	_____

## Emergency Contact

<b>Emergency Contact Name</b>	_____
<b>Relationship</b>	_____
<b>Emergency Phone</b>	_____



## Photo Release

I grant permission for photographs and/or video of the participant to be used in program, website, and promotional materials. *I understand this authorization is optional and may be declined.*

Yes    No

# Liability Release & Assumption of Risk

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**Please read carefully.** By signing below, I acknowledge and agree to the following terms on behalf of myself and/or my child.

## Acknowledgment of Risk

I understand that participation in unmounted equine-assisted activities, coaching, wellness sessions, educational visits, volunteer activities, observation, and time spent in and around horses, barns, pastures, ranch property, and other animals involves inherent risks. These risks may include, but are not limited to:

- unpredictable behavior of horses or other animals
- kicks, bites, stepping, crowding, nudging, or sudden movement
- slips, trips, falls, uneven ground, holes, gates, fencing, mud, dust, insects, and weather conditions
- emotional responses, physical exertion, and other known or unknown hazards associated with ranch environments and equine activities

## Release, Waiver, and Indemnification

**Release:** I release, waive, discharge, and covenant not to sue Valkyrie Equine Experiences LLC, Valkyrie's Kindred Keep, Marina Premoli, the property owners, and each of their officers, directors, employees, contractors, instructors, volunteers, agents, representatives, affiliates, successors, and assigns (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to injury, illness, death, loss, or damage that may occur in connection with participation in these unmounted programs or



presence on the property, including claims alleged to arise from the negligence of the Released Parties, to the fullest extent permitted by law.

**Assumption of Risk:** I knowingly and voluntarily assume full responsibility for all risks of bodily injury, emotional distress, death, property damage, or other loss that may result from participation in these activities or from being on the premises.

**Indemnification:** I agree to indemnify, defend, and hold harmless the Released Parties from and against any loss, liability, damage, cost, or expense, including reasonable attorney fees, arising from my participation or the participation of the minor named below, except to the extent prohibited by law.

**Medical Responsibility:** I affirm that the participant is physically and emotionally able to participate in unmounted activities, or that I have disclosed any relevant limitations below. I understand that the program does not provide medical or mental health treatment, diagnosis, or emergency transportation, and that in an emergency reasonable efforts may be made to contact the emergency contact listed.

**Scope:** I understand that this release applies to all current and future unmounted participation with Valkyrie Equine Experiences LLC and Valkyrie's Kindred Keep unless and until revoked in writing, except where updated paperwork is requested.

### California Warning

*Under California law, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risks of equine activities.*

**I have carefully read this document, understand its contents, and sign it freely and voluntarily.** I understand that by signing, I am giving up substantial legal rights for myself and, if applicable, for the minor participant named in this form.



# Participant Signatures

Please complete all applicable lines

## Participant / Parent or Guardian

<b>Participant Name</b>	_____
<b>Participant Signature</b>	_____
<b>Date</b>	_____
<b>Parent/Guardian Name</b>	_____
<b>Parent/Guardian Signature</b>	_____
<b>Relationship to Participant</b>	_____
<b>Date</b>	_____

## Optional Additional Information

<b>Relevant Medical Conditions or Physical Limitations</b>	_____ _____ _____
<b>Notes / Accommodations</b>	_____ _____ _____

**Witness / Staff Initials:** \_\_\_\_\_