



Release and Hold Harmless Agreement Connected Riding® Event

I, the undersigned, hereby waive, release, and discharge, Peggy Cummings, Connected Enterprises, Inc., and event/clinic organizer (including their heirs, guests, subcontractors, assistants, employees) from any and all claims, demands, actions, and causes of action whatsoever, for any and all injuries sustained to my person and/or property which may occur as a result of my presence and use of any portion of premises due to negligence or any other form of legal liability.

I fully understand and appreciate that horse-related activities can be hazardous and could result in serious injury. I also understand that permission to enter the premises is granted for participation in horse-related activities and only on the condition that this waiver and release of all claims is knowingly and voluntarily executed.

I acknowledge that Peggy Cummings (Connected Enterprises, Inc.) has warned and advised me that I should purchase and wear properly fitted and secured ASTM-SEI certified protective equestrian headgear when riding or near horses in order to reduce the severity of some head injuries or prevent death from occurring as a result of a fall or other circumstances.

I, the undersigned, do hereby consent and agree that Connected Enterprises, Inc. its employees, or agents have the right to take photographs, videotape, or digital recordings of me (and/or my horse) and to use these in any and all media, now or hereafter known, and exclusively for the purpose of marketing Connected Riding concepts. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Connected Enterprises, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Connected Enterprises is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the above, and am competent to execute this agreement. I also, understand all safety rules and will be considerate of animals and property.

Print Name: _____ Date: _____

Email: _____

Signature and/or Legal Guardian:: _____

Connected Riding/Connected Enterprises, Inc.

We will add your name to our contact list for future updates

Receipt of payment acknowledges that you have read the above and agree to the terms outlined

**After the clinic please visit our website & leave us a testimonial we can use at www.connectedriding.com
On the back of this form, please write any goals that you have for yourself and/or your horse.**