SIMPLICITY EQUESTRIAN FARMS (SEF) EFFECTIVE JULY 2022

VOLUNTARY WAIVER, RELEASE OF NEGLIGENCE AND INDEMNITY AGREEMENT RIDING WAIVER MUST FILL OUT ALL 3 PAGES

For and in consideration of permitting to ride
and use the arena and facility of SIMPLICITY EQUESTRIAN FARMS (SEF), their families and their heirs,
hereinafter also referred to as RELEASES, and to participate in horseback riding and other activities in the
unincorporated area of Upper Ojai, County of Ventura, State of California, beginning on the day
of, 20, the undersigned hereby VOLUNTARILY releases, discharges, waives
and relinquishes any and all causes of action, claims or rights to sue for personal injury, property damage or
wrongful death occurring to his/herself arising as a result of engaging in receiving instruction in any or similar
activity or activities incidental thereto wherever or however the same may occur and for whatever period said
activities may continue and the undersigned does for him/herself, his/her heirs, executors, administrators and
assigns hereby releases, waive, discharge and relinquish any action or causes of action for personal injury,
property damage or wrongful death occurring to the undersigned, which may hereafter arise for him/herself and
or his/her estate and agrees under no circumstances will he/she or his/her heirs, executors, administrators and
assigns prosecute, present or make any claim for personal injury, property damage or wrongful death against
SEF, their heirs or any of its officers, agents, servants or employees for any of said causes of action, whether
they arise from the negligence of any said persons or otherwise.
It is the intention of by this instrument to
exempt and relieve SEF, THEIR FAMILIES, THEIR HEIRS, AND ANY OF ITS OFFICERS, AGENTS,
SERVANTS OR EMPLOYEES, AND PROPERTY OWNERS FROM LIABILITY FOR PERSONAL INJURY,
PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THEIR OWN NEGLIGENCE OR THE
NEGLIGENCE OF ANYONE ELSE IN CONNECTION WITH THE USE OF THE OAK VIEW PROPERTY
AND MORE SPECIFICALLY, THE ARENA FACILITIES AND ANY ACTIVITIES INCIDENTAL
THERETO. The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in
the event any claim for personal injury, property damage, or wrongful death, shall be prosecuted or made
against SEF, their families their heirs, their employees, contractors and property owners from any and all claims
or causes of action by whomever or whatever made or presented for personal injuries, property damage or
wrongful death. This means that if you, your heirs, executors, administrators or assigns make a claim for
personal injury, property damage or wrongful death, your heirs, executors, administrators or assigns are required
to repay the entire of its officers, agents, servants or employees and their property owners including court costs
and attorney fees (INITIAL).
The undersigned acknowledges that he/she has read the foregoing document and has been fully and completely
advised of the potential dangers incidental to engaging in horseback riding, or other activities, which he/she
VOLUNTARILY intends to engage. The undersigned acknowledges that he/she feels completely confident and
qualified to engage in any horseback riding, or other activities at SEF. He/she further acknowledges that they
have inspected the arenas, equipment, and facility and find it is to be in acceptable shape and condition. He/She
further acknowledges that horseback riding and other activities are generally considered dangerous and agree to
accept all risks inherent to such activities including the condition of the arena and grounds.
(INITIAL)
The undersigned acknowledges that he/she is fully aware of the legal consequences of singing this document.
He/She fully acknowledges that by signing this agreement, he/she is giving up the right to sue SEF, their family,
their heirs, or any of its officers, agents, servants or employees and their property owners, for their negligence or
any other party, which may cause or contribute to any personal injury, property damage, or their death. They
further understand that by signing this agreement, that he/she is waiving all rights of his/her family, including
their spouse, children, parents, brothers sisters, or any other heirs, executors, administrators, or assigns to
prosecute any claim against the releases because of his/her death or injury which may or may not have been
caused by the negligence of the releases or any other person in connection with any riding, or other activities at
SEF.
(INITIAL).

damages, against to including cars, tru officers, agents, see (INITIAL) If the undersigned that if a claim for child who is allow judgment or settle before or after he/also included with ON BEHALF OF against, and releast demands actions a arising or which in horse instructional Gaited Horse, Gyrpremises, and included horses sometimes in the vicinity, I excompetition and prin any SEF horse is Cantering, Gallop AS FURTHER Codemand, action or agreement shall research.	urther acknowledges that he/she fully understands that he/she is waiving any claim for he releases because of injury or damage to his/her horse, dogs or other animals or property cks, trailers, etc., because of negligence of SEF, their families, their heirs, or any of its revants, employees and their property owners or any other party or persons
California courts.	Thing this warver are governed under Camfornia Civil Code 1342 and will be resolved in
Guest of	(if applicable)
DATE	SIGNATURE OF PARTICIPANT
DATE	SIGNATURE OF PARENT OR GUARDIAN
DATE	SIGNATURE OF WITNESS

HORSE RELATED ACTIVITIES COME WITH THESE WARNINGS THIS IS TO BE READ, INITIALED AND SIGNED BY BOTH PARENTS AND MINORS

PROTECTIVE ATTIRE:

- 1. I am hereby advised to purchase and wear a well-fitted approved helmet, hard-hat or similar protective headgear fastened securely under the chin while riding and working around horses to prevent injury.

 ______(INITIAL)
- 2. I am hereby advised to always wear hard-soled fully enclosed shoes or boots with a heel and socks to prevent feet injuries and long pants to protect legs while working around and or riding horses. _____ (INITIAL)
- 3. <u>SAFETY HELMET REFUSAL STATEMENT</u>: I have been advised by SEF, THEIR STAFF, EMPLOYEES, OFFICERS AND AGENTS to wear a safety helmet while mounting, riding, and dismounting the horses, so as to prevent horse related head injuries. I have been advised of the unpredictable nature of a horse, and I accept

the risk involved of not wearing a safety helmet. By signing my signature below, I hereby refuse to wear a safety helmet.

A SIGNATURE TO REFUSE TO WEAR A SAFETY HELMET IS REQUIRED

MINORS UNDER THE AGE OF 18 ARE REQUIRED TO WEAR A SAFETY HELMET.

	rses, Ponies and Livestock are unpredictable and dangerous. I sts in a Stables Environment is creating a hazardous situation.
·	Iules is a dangerous sport. I am aware that riders expect to be
	f people from Equestrian Accidents is not rare.
(INITIAL)	
6. I realize that Professional Instruction cannot and riding Horses, Ponies or Mules.	t prevent serious injury or death from working around, handling(INITIAL)
	d Events are particularly dangerous activities and that serious
injury or death of the riders or horses is possibl	e (INITIAL)
8. I am aware that serious injury or death of movement, trained or in a lesson (II	y mount is possible when it is handled by a professional or NITIAL)
	LOYEES AND ASSOCIATES FROM ALL LIABILITY FOR
DAMAGE TO MY PROPERTY, INJURIES OF	R DEATH OF MYSELF, CHILDREN, GUESTS OR
ANIMALS (INITIAL)	
I HAVE READ CAREFULLY EACH POIN	T AND AGREE TO EACH STATEMENT
SIGNATURE	SIGNATURE OF MINOR
PRINT NAME	PRINT MINOR NAME
DATE	PHONE NUMBER