QUESTRIANS UNIT

## EXCELLENCE

## **VOLUNTARY RELEASE AND INDEMNITY AGREEMENT**

1. <u>Voluntary Participation.</u> I, \_\_\_\_\_\_ (Participant Name or the Participants Parent or Guardian's name if under 18 yrs of age) acknowledge that I have voluntarily applied to participate in horseback riding and training (which also shall include from time to time, handling, grooming, vaulting, jumping and other activities "horseback riding") offered by Cara Hayden, DBA Equestrians Excellence LLC (hereafter referred to as "EE"), on premises owned by Shane Harris, DBA River Rock Ranch (togther, the "landowner") of premise located at 1128 Meyer Rd, Ojai, CA 93023

2. Assumption of Risk. I UNDERSTAND THAT HORSES AND PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY AND THAT THERE IS INHERENT DANGER TO ME, MY HORSE AND MY EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: (Participant, or Participants Parent or guardian)

3. No Representations or Warranties. I acknowledge that neither EE nor Landowner nor any of their affiliates, employees, principles, or agents has made, or is making, any representations, warranties or guaranties with respect to any training provided to me, and I hereby waive all remedies, warranties, guaranties or liabilities, expressed or implied, with respect to any training provided to me, arising by law or otherwise.

4. **Release, Discharge and Covenant Not to Sue**. As consideration for being permitted by EE to participate in these activities and to use the facilities of Landowner, I, on behalf of myself and my heirs, executors, administrators and assigns, hereby release EE, Landowner, their respective affiliates, employees, principles and agents, and any owner or provider of facilities at which or with which such training is conducted (all referred to as "releasees") from any and all actions, claims, demands and liability now or at any time hereafter arising out of my participation in horseback riding or training or my presence on the premises of Landowner. I hereby agree that I, my heirs, executors, administrators and assigns, will not make a claim against, sue or attach the property of any of the releasees for any injury, death, damages or property damage (including any injury to my horse) resulting from or arising out of any acts or omissions of releasees, including without limitation any negligence, of releasees.

5. **Indemnity Agreement** I further agree that I will defend, indemnify and hold harmless EE, Landowner and their respective affiliates, employees, principles and agents, against all actions, claims, demands and liabilities (including court costs and attorney's fees) related to any injury, death, damages or property damage resulting from or arising out of my participation in horseback riding and/or training or my presence on the premises of Landowner.

**6.** Barn Rules, Lesson Scheduling and Cancellation Policies. I have read and agree to abide by the EE Barn Rules. My permanent weekly lesson time is automatically booked and for which I will be responsible for paying for at the beginning of every month through automatic debit from my Credit card on file. or if I no longer want my permanent lesson time I must cancel at least 2 weeks in advance. There is no prorating, refunding or pausing the discounted monthly programs. If no notice is given, you will lose your monthly discounted program and charged full regular lesson fee (No Show/No Call). I verify this statement by placing my initials here. (*Initials*)

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN THE TRAINING. I HAVE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS. Executed at Ventura, California, on \_\_\_\_\_\_, 20\_\_\_\_\_

Name:	Signature:	
Address:		
Phone:	Cell:	

## PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIAN(S):

We,	and	, are the parents or legal
Guardian(s) of		. We confirm that we have read
		greement and understand its contents. We
		sume all risks related to our child's participation in
		ree that the terms and conditions of the Voluntary
		and be binding upon us and our minor child in all
		pation and to any injury, death, damages or
-		y sustain or cause as a result of such participation.
		ples and agents to initiate emergency first aid
•	1 0 / 1	. We also hereby authorize any and all necessary
		lical personnel in such event. We warrant that we
	cident insurance covering our c	
Executed on	20 In Ventu	rra County, Ca. Parent/Guardian print & sign below
Name:	Sig	nature:
	PHOTO/VIDE	O RELEASE-
I hereby give peri	mission for images of my child, c	aptured during their horseback riding activities
		l solely for the purposes of Equestrians Excellence
LLC promotiona		waive any rights of compensation or ownership
	there	
Name of Partici	pant (please print):	Age:
Name of P		
Parent/G	uardians Signature: X	