

LA VINE EQUESTRIAN WAIVER OF LIABILITY

ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY **PLEASE READ**

Recognizing and agreeing that horse sports may be dangerous and hazardous endeavors, even leading to permanent injury or death. Nevertheless, knowing these facts, I hereby for myself, my heirs, and executors, as owner, rider, spectator, or other participant, and or parent or legal guardian of an owner, rider, or spectator, or other participant collectively "Owner" knowingly and expressly assumes any and all risk of loss or injury and agrees to hold harmless, regardless of negligent acts or omissions, LaVine Equestrian, Lauren La Vine & Kurt Knechtel, 32829 Teller Avenue, Agua Dulce, Ca. 91390, their respective directors, members, agents, and employees, and any instructor or contractor, and his or her employees, collectively "Parties". Each "Owner" shall indemnify "Parties" against all claims or demands of any nature that may grow out of an injury occasioned by a horse or arise from the negligence of the person(s) in charge of such horse.

I "Owner" further agree to defend, indemnify and hold harmless "Parties" against all claims, demands and causes of action including court costs and attorney's fees, directly or indirectly arising from any action of the proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kin and nature whatsoever, whether known or unknown and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

**All riders and students must wear protective headgear (helmets) for their own safety. 24 hours Notice for canceling of lesson is mandatory or lesson will be charged. Lessons must be prepaid to hold lesson slot.
NO SMOKING ALLOWED**

THE UNDERSIGNED RECOGNIZES AND AGREES THAT BY EXECUTING THE ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT, HE OR SHE IS WAIVING AND RELEASING VALUABLE LEGAL RIGHTS. I DO ACKNOWLEDGE I HAVE READ THE FOREGOING PARAGRAPHS AND UNDERSTAND THE CONTENT THEREOF.

I authorize for photo's to be used in promotional advertising for La Vine Equestrian.

SIGNATURE _____ DATE _____

PRINT NAME _____ AGE _____

Must be at least 18 years of age

IN CASE OF AN EMERGENCY PLEASE FILL OUT THE ATTACHED FORM

PLEASE PRINT (If your child is riding please see next page for them this is for adult/parent information)

NAME: _____ **PHONE# :**(____) _____ **CELL# :**(____) _____

ADDRESS:

STREET CITY STATE ZIP CODE

EMAIL: _____

REFERRED BY: _____

I authorized medical treatment if I am not of sound body or mind.

KNOWN ALLERGIES & ILLNESSES that would need to be known in case of an Emergency

Health Insurance Carrier & Phone #

Policy & Group Number

Subscriber Name

Subscriber Date of Birth

Rider's Date of Birth

Physician's Name

Physician's Phone Number

IN CASE OF EMERGENCY CONTACT:

Name/Relationship

Phone #

Name/Relationship

Phone #

**MINORS MUST HAVE THE FOLLOWING LIABILITY SIGNED BY
THEIR PARENTS OR LEGAL GUARDIANS**

We, the undersigned parents or guardian(s) of _____
for and in consideration of our child's participation in equestrian activities,
state that we have read the ASSUMPTION OF RISK AND RELEASE OF
LIABILITY AGREEMENT, attached, and we expressly agree that the
terms and conditions shall apply to and be binding upon us and our minor
child in so far as it pertains to his or her participation in the event and to
any injury or damage said minor child or his or her horse may sustain or
cause as a result of said participation.

I authorize for photo's to be used in promotional advertising for La Vine
Equestrian.

I, _____, authorize medical treatment to be provided
in case of an emergency for my child _____.

ALLERGIES or ILLNESSES:

CHILD'S BIRTH DATE: _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____, California

Father _____ or Mother _____

Legal Guardian
