

Exhibit "A"

Juniper Hill Stables

Juniper Hill Stables, hereinafter known as "This Stable"
 Located in Bandera County, Texas

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE – I, the following listed individual, hereinafter known as "Rider," and the parent or guardian thereof of a participating minor, voluntarily agree to participate in guided equestrian services within Hill Country State Natural Area provided by THIS STABLE today and on all future dates:

RIDER NAME (Please Print Name)	AGE (If under 18)	HORSE RIDING EXPERIENCE (Check one which applies)
_____	Age _____	<input type="checkbox"/> A beginning or novice rider with little or no previous horseback riding experience. <input type="checkbox"/> An intermediate rider with some experience in handling and riding horses in various terrains. <input type="checkbox"/> An advanced rider who rides regularly and has extensive experience in handling and riding horses in various terrains.

RIDERS MUST INITIAL BELOW AFTER READING EACH SECTION. PARENTS OR GUARDIAN MUST ALSO INITIAL.

- _____ **A. INHERENT RISKS/ASSUMPTION OF RISKS** – I / WE ACKNOWLEDGE AND UNDERSTAND THAT: Equine (horse) activities, including being around, associating with, and riding horses, is inherently dangerous, and that horses are unpredictable, and I assume all risks and hazards attendant with these activities for any injury, death, or damages to personal property I may receive, whether said injury, death or personal property damage is presently known, unknown, or contemplated by me.
- _____ **B. SADDLE GIRTH LOOSENING WARNING** – I / WE ACKNOWLEDGE THAT: Saddle girths (saddle fasteners around horses' bellies) may loosen during a ride. If a rider notices this he/she will alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential for a rider to fall from the animal.
- _____ **C. PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING** – I / WE ACKNOWLEDGE THAT: I, for myself and on behalf of my child and/or legal ward, have been fully warned by THIS STABLE that protective headgear / helmet should be worn while riding, handling and/or being near horses, and I understand that the wearing of such headgear/helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I / WE ACKNOWLEDGE THAT: THIS STABLE has offered me and/or my child protective headgear / helmet. I / WE ACKNOWLEDGE THAT: Once provided, if I choose to wear the protective headgear/helmet offered, that I / WE will be responsible for properly securing the headgear/helmet on the participant's head at all times. I am not relying on THIS STABLE and or its associates to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.
- _____ **D. THIS STABLE'S PROTECTIVE HEADGEAR/HELMET POLICY:** - I understand and agree that THIS STABLE requires riders to wear protective headgear/helmet according to the following requirements.

Riders Age

6 - 15 Yrs.
 16 & 17 Yrs

Above 18

Protective Headgear / Helmet Requirements

Must wear the protective headgear / helmet
 Must wear the protective headgear / helmet unless their parents or legal guardians check the refusal statement in the box that follows.
 Must choose to wear or not to wear the protective headgear / helmet by checking the acceptance or refusal statement in the box below.

<p>E. PROTECTIVE HEADGEAR / HELMET ACCEPTANCE OR REFUSAL SECTION FOR RIDERS 16 YEARS AND OLDER.</p> <p><input checked="" type="checkbox"/> Check your choice</p> <p><input type="checkbox"/> <u>PROTECTIVE HEADGEAR / HELMET ACCEPTANCE:</u> I / WE request for this participant to wear protective headgear/helmet which THIS LODGE provides. I / WE will be solely responsible for securing the headgear/helmet on the participant's head.</p> <p><input type="checkbox"/> <u>PROTECTIVE HEADGEAR / HELMET REFUSAL:</u> I / WE refuse for this participant to wear any type of protective headgear/helmet and/or will provide MY/OUR own. I / WE assume full responsibility for MY / OUR safety in this decision.</p>
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_____ **F. LIABILITY RELEASE:** I / WE AGREE THAT: In consideration of THIS STABLE allowing my and or my minor/child/legal ward's participation in this guided equestrian activity, under the terms set forth herein, I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, and the owners of the premises and trails, affiliated organizations, and insurers, and others acting on their behalf (hereinafter collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES' ordinary negligence or legal liability; and I do further agree that, except in the event of THIS STABLE'S gross negligence and/or willful and/or wanton misconduct, I shall not bring in claims, demands, legal actions or causes of action, against THIS STABLE and ITS ASSOCIATES for any economic or non-economic losses due to bodily injury and/or death and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include losses sustained while riding, handling, or otherwise being near horses owned by me, or owned by THIS STABLE, or in the care, custody and control of THIS STABLE.

_____ **G. EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING OR LANGUAGE: TEXAS WARNING:** Under TEXAS Law (Chapter 87, Civil Practice & Remedies Code), an equine sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

SIGNER'S STATEMENT OF AWARENESS

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT. I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I / WE ARE GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE, I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I / WE ARE SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF RIDER

DATE

Signature of parent or guardian
(For participant under the age of 18 years)

DATE

Address in full _____ Home Phone _____

_____ Business/Cell Phone _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE NUMBER _____