

Madisonville Equestrian Center, 135 Vista St., Madisonville, LA 70447
(985) 778-6981

ASSUMPTION OF RISK AND RELEASE OF CLAIMS

I acknowledge that participation in the activities, including but not limited horseback riding, lessons, training, shows, parties, and boarding will expose me and the minor children, if any, that accompany me to the dangers, hazards and risks inherent in such activities, including but not limited to the possibility of injury, death, illness, and disease. In full recognition of these and other dangers and in consideration for the participation by me and the minor children in the Madisonville Equestrian center activities, on the behalf of myself, my family, heirs, legatees, and personal representatives, and on behalf of the minor children, I make this agreement.

On behalf of myself and my minor children, I assume all risks from participation in the Madisonville Equestrian Center activities and hereby release and forever discharge the organizers of the Madisonville Equestrian Center including but not limited to, all volunteers, employees, agents, and representatives of the program, and the owners of the Madisonville Equestrian Center, 135 Vista St., their employees, agents, and representatives (collectively the "Indemnities" from any and all claims, demands, and causes of action whatsoever which are related to, arise out of, or are in anyway connected with the participation by me and the minor children, in the Madisonville Equestrian Center including, but not limited to claims for damage, loss injury, cost and expense which are based upon negligence or misconduct of the Indemnities or any other person or upon the fitness or safety of the Madisonville Equestrian Center, or any part thereof, whether naturally occurring or man made, or any of the animals, fixtures, equipment, materials, or supplies used in the activities, for any purpose.

It is my expressed intent that this agreement shall bind me and minor children, and all members of my family, including but not limited to my spouse, and my estate. heir, legatees (Collectively "My Family"). I agree to hold harmless and defend, reimburse and indemnify the Indemnities from (i) any liability arising out of claims, demands, and cause of action that may be bought to My Family from the participation by me in the Center's activities, (ii) by reimburse and indemnify the Indemnities from any claims brought by third parties, such as insurance carriers, health care providers, or governmental entities, for reimbursement or other damages as a result of payments to me or the minor children.

The foregoing assumption of risk and release of claims in intended of claims is intended by me to be in addition to the limitations of liability contained in Sections 2795 UNDER LOUISIANA LAW, AND EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO R.S:9:2795.1.

INSTUCTIONS OF SIGNNTURES; Each adult participating in activities on behalf also of their minor chlid must sign where indicated below and list at the bottom of this form the names of all minor children]. For purposes of this agreement, a person 18 years or older will be considered an adult. Each child participating in the activities must sign where indicated below.

I acknowledge that I have read the foregoing before signing it, understand its terms and sign it as my free and voluntary act. I also acknowledge that a copy of the assumption has been given to me to retain.

Signature: _____ Date: _____

Behalf of Minor Child: _____
(Please Print Name)

Address: _____

City, State, and Zip Code: _____

Telephone: () _____