

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this date _____20___ by and between (Rider): _____
Parent or Guardian's name here if rider is a minor): _____
hereinafter referred to as "I" and Carrie Orcutt and Jill Andrews, or any assistant trainers of "Los Lagos Equestrian, Inc." at
6525 Boulder Road in Granite Bay, CA, hereinafter referred to as "THIS STABLE".

IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose.

2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time):

- A. Less than 10 hours ____ Student's name _____
- B. 10 to 20 hours ____ Student's name _____
- C. 20 hours or more ____ Student's name _____

3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3-1/2 to 5-1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the students actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.

5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it at all times in and around THIS STABLE so as to prevent horse related injuries.

6. LIABILITY RELEASE: That I understand that I am responsible for ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDERS USE OF OR PRESENCE UPON OWNERS HORSE, PROPERTY AND FACILITIES, and understands the danger or condition that is an integral part of an equine activity including, without limitation and not limited to, propensity of an equine to behave in ways that may result in bodily injury, death, property damage, or loss to persons on or around the equine, the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, person or other animals, falls, kicks, bites, collisions with vehicles, horses, a person, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the deliberate act of another person, the potential of rider or any other person to act in a negligent manner that may contribute to injury, death, or loss to the rider or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the rider, or any other hazards, including, but not limited to, surface or subsurface conditions.

7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at "THIS STABLE."

8. That this agreement is entered into in the state of California and will be interpreted and enforced under the laws of this state.

9. Riding Goals: _____

10. Listed below are the details of any allergies, ailments or handicaps a student may have, and of which THIS STABLE should be aware of.:

How did you hear about Los Lagos? _____

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

SIGNATURE OF RIDER: _____ DATE: _____ 20____
(if of legal age and not under guardianship)

PARENT OR GUARDIAN: _____ DATE: _____ 20____
(If rider is a minor)

FULL ADDRESS: _____
_____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELL PHONE: _____ EMERGENCY NUMBER: _____

NAME OF EMERGENCY CONTACT: _____

EMAIL ADDRESS: _____