

Copper Horse Riding Ranch LLC

RIDER/HORSE OWNER/HORSE HANDLER HOLD HARMLESS AGREEMENT

We the owners of the property located at 12435 W. Doebay Drive, Saugus CA 91390 maintain a high standard of safety; however, we do not accept responsibility for accidents due to any negligence whatsoever on the part of the RIDER/ HORSE OWNER/ HORSE HANDLER/ GUEST (herein called participant). The undersigned PARTICIPANT (and parent or legal guardian) acknowledges an understanding and recognition that the handling and riding of horses can be hazardous, but the undersigned PARTICIPANT willingly accepts and assumes whatever risk is involved.

GENERAL RELEASE

INDEMNITY AND ASSUMPTION OF RISK

The undersigned PARTICIPANT recognize(s) the danger inherent to all participants, guests, spectators and other relating to activities involving horses and other livestock. Therefore, and for valuable consideration, the undersigned PARTICIPANT (and parent or legal guardian) hereby release and discharges Copper Horse Riding Ranch, LLC of and from any result from the actions and or omissions of Copper Horse Riding Ranch, LLC. PARTICIPANT (and parent or legal guardian) agrees to hold harmless and to assume all the risk of personal injury, death, or property loss to themselves, members of their family, guests, whether such injury may be caused by the active or passive negligence of Copper Horse Riding Ranch, LLC. In no case shall Copper Horse Riding Ranch, LLC be liable for horse's acts and behavior.

The undersigned PARTICIPANT (and parent or legal guardian) assumes liability and responsibility for any damages and injuries caused by said PARTICIPANT, or any horse undersigned is riding or handling, to any structures and equipment, to any personal property belonging to others and to any other PARTICIPANT'S or horses in regard to the undersigned's direct involvement in any social or equine activities.

INSURANCE CERTIFICATION AND INDEMNIFICATION

I agree to indemnify and hold Copper Horse Riding Ranch, LLC harmless against responsibility for medical insurance coverage. By signing this agreement, I agree to accept responsibility for all medical costs incurred by the PARTICIPANT, members of their family, or guests related to activities involving horses and other livestock.

Name of Insurance Company _____

Policy Number _____

MEDICAL AUTHORIZATION

To Whom It May Concern:

I, the undersigned, being the parent or legal guardian of _____
Do hereby grant to any hospital, emergency center, doctor, nurse, and /or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a member of Copper Horse Riding Ranch, LLC. Further, should the attending physician determine after the examination that life-saving surgery or other life-saving procedures may be necessary permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless Copper Horse Riding Ranch, LLC by the action of granting said permission.

PARTICIPANT'S NAME (Please print)

DATE

PARTICIPANT'S Signature

PARTICIPANT'S ADDRESS

CITY / STATE / ZIP

HOME PHONE

EMERGENCY NAME/PHONE

EMAIL ADDRESS

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PLEASE
COMPLETE**

PARENT/GUARDIAN'S NAME (please print)

RELATIONSHIP

PARENT/GUARDIAN'S SIGNATURE
(if PARTICIPANT is under 18 years of age)

DATE

*****CANCELLATION POLICY: YOU MUST NOTIFY US AT LEAST 48
HOURS IN ADVANCE THAT YOU CANNOT ATTEND YOUR
LESSON OR YOU WILL BE RESPONSIBLE FOR THE FULL COST OF
THE LESSON. *****