

HORSE RELATED ACTIVITY RELEASE- MINOR

The Undersigned hereby expressly acknowledges warrants and agrees as follows:

The Undersigned is/are the parents or legal guardians of: _____ (the "Minor"). The Undersigned hereby consents to the Minor's participating in any horse related activity ("horse related activities") at **Holly Hills Farm**, (the "Stable"), including but not limited to horse riding, the use, care, stabling, and instruction in any equestrian and/or barn-related activities and any riding lessons given by Robyn Smith (the "Instructor"), or conducted by **Equine Life Solutions, Inc.**, (the "Company").

Acknowledgement of Risk: The Undersigned understands and acknowledges that any horse related activity entails known and inherent risks, as well as unknown and unanticipated risks which could result in serious emotional and/or physical injury, damage or loss and that such risks cannot be eliminated. With such knowledge, the Undersigned hereby consents to the Minor's participation in horse related activities at the Stable with the understanding of the risks involved.

Adherence to Standards: The Undersigned further agrees to abide by all policies, rules, and regulations of the Instructor, the Company, the Stable or the fee owners of the Stable, and shall cause the Minor to fully comply with all such policies, rules, and regulations, and with all directions, and precautions issued by the Instructor, the Company, the Stable or the fee owners of the Stable. The Undersigned shall be solely responsible for the Minor's behavior, acts and activities.

Termination of Participation: The Instructor, the Company, the Stable and the fee owners of the Stable reserve the right to terminate a Minor's participation in any horse related activity at the Stable at any time for any reason, including but not limited to: the use of physical or verbal violence against any person or animal; any conduct or other behavior deemed detrimental to the best interests of the horse(s), the Stable or others; health or safety considerations of the Minor or others; and in the event of emergencies. If termination is for the Minor's misconduct, including failure to comply with the Rules or the directives of the Instructor, the Company, the Stable or the fee owners of the Stable by the Minor or the Undersigned, such termination shall not diminish or otherwise alter the Undersigned's obligation to fully pay any payment required for the lesson and no refunds shall be required. If the Instructor, in her discretion, determines that it is necessary to send the Minor home, The Undersigned shall pay for all costs and travel arrangements associated with transporting the Minor.

Indemnification and Hold Harmless: The Undersigned hereby waives, releases and agrees to defend, indemnify and holds harmless the Instructor, the Company, the Stable and the fee owners of the Stable and their respective agents and employees, from all claims, demands, causes of action, losses or liabilities arising, including reasonable attorney fees, and from any injuries, damages or losses of any nature which directly or indirectly arise from the presence of the Undersigned or the Minor at the Stable, the participation by the Undersigned or the Minor in any horse related activities at the Stable, from any negligent act or omission by the Undersigned or the Minor, or from the acts, actions and behavior of the Undersigned's or the Minor's horse, except to the extent that such damages or injuries are the direct result of the gross negligence or willful misconduct by the indemnified persons or entities.

Consent for Emergency Medical Treatment: Should the Minor require emergency medical treatment as a result of accident or illness arising during any horse related activity at the Stable, the Undersigned consents to such treatment. As the Instructor, the Company, the Stable and the fee owners of the Stable do not provide health and accident insurance for horse riding participants, the Undersigned agrees to be financially responsible for any medical expenses incurred as a result of any emergency medical treatment.

Lesson Modification and Cancellation: The Instructor will make every effort to provide 48 hour notice of any change in lessons, but reserves the right to cancel or modify any lesson at any time. All lessons cancelled by the Instructor will be rescheduled. The Minor or the Undersigned must give at least 24 hour cancellation notice to the Instructor in order to reschedule a make-up lesson. Lessons cancelled by the Minor or the Undersigned less than 48 hours in advance will not be rescheduled. Students must be scheduled for a minimum of 4 lessons in 4 weeks. Missed lessons must be made up in that period but will be charged on the scheduled date. (INITIAL)_____

Refund Policy: Lesson packages are non-refundable as cash. They must be used within 4 weeks of purchase unless prearranged with the Instructor (Gift certificates & gifts). Unused lessons will be donated to the HHABC Scholarship Fund. In order to be eligible for the package pricing, lessons must be prepaid on time. (INITIAL)_____

Severability: If any provision of this release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this release which can be given effect without the invalid provisions or applications. To this end, the provisions of this release are declared severable.

Governing Law: This release shall be construed in accordance with and governed by the laws of the state of Washington.

The Undersigned as Parent/Legal Guardian warrant that the Minor Student is not now pregnant, nor do they have any medical condition that would prevent them from participating in any horse related activity offered at Stable. The Undersigned acknowledges that she/he/they have/has read this release and that she/he/they understand its meaning and effect and agree to its terms. The Undersigned certifies that she/he/they are the parent or legal guardian of the Minor and shall be bound by the terms hereof.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I am the Parent or the Legal Guardian of _____ (the "Minor"), and I authorize Robyn Smith (the "Instructor"), Equine Life Solutions, Inc. ("Company"), and the fee owners of Holly Hills, (the "Stable"), and their employee's or agents to obtain such emergency medical care and treatment that such persons reasonably determine is necessary for the health and welfare of the Minor named above.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

PARENT/LEGAL GUARDIAN CONTACT INFO:

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

* Email: _____

MINOR CONTACT INFO: (if different from parent)

Name: _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ Zip: _____

* DOB: _____

Emergency Contact: _____

Phone: _____ Relationship to Minor: _____

MINOR CHILD MEDICAL INFORMATION

Doctor Name: _____ Phone: _____

Any Medical Conditions Instructor/Stable should be aware of: _____

Allergies or Special Medications: _____
