

LIABILITY RELEASE FORM

SOAR of SWLA (Steeds of Acceptance & Renewal of Southwest Louisiana) 401 17th Street Lake Charles, LA 70601 (337) 474-2560

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you waive your right to bring to court action to recover compensation or obtain any other remedy for injury whatsoever resulting from your use of the premises, facilities, horses, or equipment owned, leased or otherwise in control of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) its owners, officers, agents, contract staff, employees or volunteers.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

By signing this agreement, I (print name of rider, or parent or legal guardian if rider is under 18 years of age), _____ hereby acknowledge and agree that horseback riding and horse handling of any kind is a dangerous activity. I understand that horses are creatures of independent action and may act unpredictably at any time. I recognize that by engaging in equestrian activities, I am putting myself in substantial risk of injury and I hereby agree to assume all such risk associated with this activity. I acknowledge that I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE FOLLOWING WARNING relating to the provision of equine services, instruction, equipment, tack, or horses or relating in participation in equine activities whether on premises owned by SOAR of SWLA, Friends of Therapeutic Riding, Kirby Vinson or Vinson Arabians, Scott and/or Holly Mills or Lake Charles Riding Academy (Mills Properties) or elsewhere. Further, I recognize that the owners, officers' agents, employees, contract staff, and volunteers of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) are protected by Louisiana Law as follows:

WARNING:

Under Louisiana Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to R.S. 9:2795.I.

WAIVER/RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE

As partial consideration for my use of the services, equipment, horses, and/or premises of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians and/or Kirby Vinson, Lake Charles Riding Academy (Mills Properties) and/or Scott and/or Holly Mills, I hereby agree to release from liability SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) its officers, owners, agents, contract staff, employees, and/or volunteers and do hereby waive any rights, I, my heirs, representatives, or assigns may have against SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) its officers, owners, agents, contract staff, employees and/or volunteers to assert any cause of action, possible cause of action, claim or demand of any nature whatsoever, including, but not limited to, a claim for negligence or gross negligence which, I, my heirs or assigns, may have now, or in the future, on account or personal injury or damage is caused, including, but not limited to the negligence, gross negligence, reckless or wanton conduct of any owner, officer, agent, contract staff, employee, or volunteer of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) or the conduct of any party connected in any way with Vinson Arabians, Lake Charles Riding Academy (Mills Properties).

As further consideration for my use of services, equipment, horses, and/or premises of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) I agree to use and follow the established safety policies, procedures, rules, and guidelines of SOAR of SWLA, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) and I agree to indemnify and hold harmless SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) its owners, officers, agents, contract staff, employees, and volunteers from any and all causes of action, claims or demands arising out of or in any way relating to my use of services, equipment, horses, and/or premises of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians, Lake Charles Riding Academy (Mills Properties) whether asserted by Vinson Arabians, Lake Charles Riding Academy (Mills Properties) its owners, officers, agents, contract staff, employees, or volunteers, or by any third parties who may be injured on account of or relating to my use of SOAR of SWLA, Friends of Therapeutic Riding, Vinson Arabians' Lake Charles Riding Academy's' (Mills Properties) services, equipment, horses, and/or premises.

HEALTH CARE AUTHORIZATION

Authority is hereby given to SOAR of SWLA and/or Vinson Arabians, its owners, officers, agents, contract staff, employees, and volunteers to make health care arrangements for me in the event of an accident, injury, or illness.

I hereby certify that I am of the lawful age (18 years or older) and that either I personally am the "rider" referred to herein, or that I am parent or legal guardian of the "rider", and that I have read and fully understand the provisions of the Release Form.

IN WITNESS WHEREOF, the instrument is duly executed at _____, Louisiana
on _____ day of _____, 20_____.

X _____
Signature of rider, owner or agent or rider's parent or legal guardian
Rider's name: _____ Birthdate: _____ / _____ / _____
Address: _____ Home Phone _____
City/St/Zip _____ Work Phone _____
IN EMERGENCY, NOTIFY: _____ Phone _____

Signatory must write in the above lines:

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE FORM