HORSE RENTAL, EQUESTRIAN, GUIDE & OUTFITTER SERVICES AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT

[FOR FAMILIES OF ADULTS AND THEIR LEGAL MINOR AGE CHILDREN AND / OR LEGAL WARDS]

Wine Country Trails by Horseback, hereafter known as "THIS STABLE"
Riding Location
35960 Rancho California Rd, Temecula, CA 92591

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

A. <u>REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE</u> I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in horse rental services and / or equestrian services and / or guide and outfitter services provided by THIS STABLE.

1 st ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	HORSE RIDING EXPERIENCE (Check one that applies)
	2. Age 3. Date of Birth	4. HT'" 5. WT#	6BEGINNER (under 10 hours) OVER 10 HOURS
Does participant have any physical or mental condition(s) to If you circled "YES", how can we help this participant with MEDICAL INSURANCE I/ WE AGREE THAT: Should medical to My medical insurance company is	his / her special needs?	my medical insuranc	
2 nd ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	HORSE RIDING EXPERIENCE (Check one that applies)
	2. Age 3. Date of Birth	4. HT'" 5. WT#	6BEGINNER (under 10 hours) OVER 10 HOURS
. Does participant have any physical or mental condition(s). If you circled "YES", how can we help this participant with		fety and ability to	ride a horse? YES NO (circle one)
1 st MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	HORSE RIDING EXPERIENCE (Check one that applies)
	3.5	4. HT _' _"	6BEGINNER (under 10 hours)
Does participant have any physical or mental condition(s)	2. Age 3. Date of Birth that may affect his / her sa	5. WT#	OVER 10 HOURS
7. Does participant have any physical or mentat condition(s) 3. If you circled "YES", how can we help this participant with	3. Date of Birth that may affect his / her sa	5. WT#	OVER 10 HOURS
7. Does participant have any physical or mentat condition(s) 8. If you circled "YES", how can we help this participant with 2 nd MINOR PARTICIPANT NAME (Please Print Name)	3. Date of Birth that may affect his / her sa his / her special needs?	5. WT#	OVER 10 HOURS ride a horse? YES NO (circle one) HORSE RIDING EXPERIENCE (Check one that applies)
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(Please Print Name) 1. 7. Does participant have any physical or mental condition(s) 8. If you circled "YES", how can we help this participant with	3. Date of Birth that may affect his / her san his / her special needs? AGE (If under 18). 2. Age 3. Date of Birth that may affect his / her san his / her special needs? AGE (If under 18) 2. Age 3. Date of Birth that may affect his / her san his / her special needs?	5. WT# afety and ability to HEIGHT & WEIGHT 4. HT " 5. WT# afety and ability to HEIGHT & WEIGHT 4. HT " 5. WT#	OVER 10 HOURS ride a horse? YES NO (circle one) HORSE RIDING EXPERIENCE (Check one that applies) 6 BEGINNER (under 10 hours) OVER 10 HOURS ride a horse? YES NO (circle one) HORSE RIDING EXPERIENCE (Check one that applies) 6 BEGINNER (under 10 hours) OVER 10 HOURS
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EACH ADULT MUST
RITE INITIALS BELOW AFTER
READING EACH SECTION.
ARENTS OF GUARDIANS MUST

ALSO INITIAL.

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS
 This agreement shall be legally binding upon me the registered participant, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive instruction or guidance from its associates and / or when I ride and / or am near horses on or off of THIS STABLE'S property. Any disputes by the participant shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", ""WE", ME", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.
- C. INHERENT RISKS / ASSUMPTION OF RISKS

 ACTIVITY and that risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding is an activity in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are roal limited to: .Stopping short; Spinning around; Changing directions and / or speed at will; Shiffing its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned a
- D. WILDERNESS EXPERIENCE PARTICIPATION, CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES

 I / WE ACKNOWLEDGE THAT: The participant may be taking part in a "WILDERNESS EXPERIENCE" that may be hazardous to people. I / WE ACKNOWLEDGE THAT The meaning of "WILDERNESS EXPERIENCE" is defined as the pursuit of activity in a natural and / or wild and / or rugged and / or uncultivated area or region, as of forest and / or hills and / or mountains and / or pains and / or wetlands, which would likely be uninhabited by people and inhabited by wild animals of many types and species to include, but not limited to, mammals, reptiles, and insects, which are not tame, may be savage and unpredictable in nature and also wandering at their will. I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The participant and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this participant's intended purpose, usage and presence upon THIS STABLE'S premises.
- E. CARRY-ON OBJECTS WARNING AND SHARP, LOUD NOISES WARNING 1/ WE ACKNOWLEDGE THAT: When approaching, mounting and riding horses, I must not carry loose items that may fall or blow away or flap in the wind or bounce or make sharp or loud noises, the action of which may scare horses causing them to react in unsafe ways. SOME EXAMPLES ARE: Camerás, cell phones, hats not securely fastened under chin, toys, purses. When near or riding a horse, participants must not make sharp or loud noises, such as whistling or screaming or yelling, the sound of which may scare horses causing them to react in unsafe ways.
- F. SADDLE GIRTH LOOSENING WARNING
 I / WE ACKNOWLEDGE THAT: Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders
 must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.
- G. PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING: I / WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling, and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I / WE ACKNOWLEDGE THAT: THIS STABLE has offered me, and my child and / or legal ward if applicable, protective headgear / helmet that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. I / WE ACKNOWLEDGE THAT: Once provided, if I choose to wear the protective headgear / helmet offered that I / WE will be responsible for properly securing the headgear / helmet on the participant's head at all times. I am not relying on THIS STABLE and / or its associates to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

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Address in Full			Home Phone #	Bus. Phone #
SIGNATURE OF PAR	TICIPANT			DATE
SIGNATURE OF PAR	TICIPANT			DATE
SIGNATURE OF PAR	TICIPANT			DATE
SIGNATURE OF PAR	TICIPANT	***		DATE
SIGNATURE OF ADU	LT PARENT OR GUA	RDIAN #2 (Spouses must sign fo	or themselves.)	DATE
SIGNATURE OF ADU	LT PARENT OR GUA	RDIAN #1 (Spouses must sign fo	or themselves.)	DATE
AGREEMENT, 1/	WE UNDERSTAND THE AND ACCURATE. 1	NT THAT I / WE HAVE READ AND DO HAT BY SIGNING THIS DOCUMENT	TEMENT OF AWARENESS O UNDERSTAND THE FOREGOING AGREEMENT, LIABILIT I I / WE AM GIVING UP RIGHTS TO SUE TODAY AND IN T ID MIND AND NOT SUFFERING FROM SHOCK, OR UNDER	THE FUTURE. I / WE ATTEST THAT ALL
J. LIABIL for my harmle premis of and THIS S gross THIS S and / 6 includ STABI	PROTECTIVE HEAD TY RELEASE I AG self and on behalf ss, and discharge ses and trails, affilia from all claims, der TABLE'S and / or I' negligence and / or TABLE and ITS AS or property damage while riding, hand E, whether on or or ACTIVITY LIABILITY I, KY, KS, LA, ME, M. ACTIVITY LIABILITY S: DO NOT SIGN UN	PER ACT IEALAI WARNING OR LANGUAGE ACT WARNING OR LANGUAGE Y ACT WARNING OR LANGUAGE ACT WARNING OR LANGUAGE A COPY OF THE EALA WARTEN headgear / hea	I / WE refuse for registered participants 16 years a helmet and / or will provide MY / OUR own. I / WE	and older to wear any type of protective assume full responsibility for MY / OUR divity, under the terms set forth herein, I so assigns, do agree to release, hold actives, assigns, members, owners of ollectively referred to as "Associates"), wn, anticipated or unanticipated, due to to except in the event of THIS STABLE's all actions and causes of action, against actions and causes of action, against actions and operations of THIS STABLE, to r in the care, custody or control of THIS dises. The control of the care in these states: AL, AZ, CO, DE, FL, GA, acknowledge that I have reviewed this state's if fully set forth herein. INSTRUCTION TO EEMENT.
	PROTECTIVE HEAD		E: I / WE request for registered participants 16 years by responsible for securing the headgear / helmet on the	
1. PROTEC		HELMET ACCEPTANCE OR REP	FUSAL SELECTION FOR RIDERS 16 YEARS AND O	LDER
1		Must wear the protective headgear Must wear the protective headgear		efusal statement in the box that follows.
Headge I	ar / Helmet according t Rider Age	to the following requirements. Protective Headgear / Helmet Re	I understand and agree that This Stable requires riders equirement and younger may not participate as a rider in horse rental	

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CUSTOMER GENERAL RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. YOU SHOULD READ IT CAREFULLY AND CONSULT WITH AN ATTORNEY BEFORE YOU SIGN IT.

THE UNDERSIGNED, A CUSTOMER ("PARTICIPANT") OF WINE COUNTRY TRAILS BY HORSEBACK ("WINE COUNTRY TRAILS"), WISHING TO TAKE PART IN GUIDED HORSEBACK RIDES AND RELATED ACTIVITIES ("GUIDED TOUR(S)") THROUGH, UPON AND ACROSS PORTIONS OF THE WILSON CREEK WINERY PROPERTY ("PROPERTY"), HEREBY AGREES TO ASSUME ALL RISK RELATED TO AND CONCERNING THE GUIDED TOURS, AND BY SIGNING THIS AGREEMENT ("RELEASE AND INDEMNITY AGREEMENT") AGREES TO RELEASE, HOLD HARMLESS AND INDEMNIFY WILSON CREEK WINERY AS FOLLOWS:

The undersigned, individually and on behalf of its officers, directors, employees, agents, personal representatives, assigns, heirs, executors, and successors (jointly and collectively "INDEMNITORS") hereby irrevocably agree to fully and forever release, hold harmless, and indemnify WILSON CREEK WINERY & VINEYARDS, INC., a California corporation, its affiliated companies, together with their officers, directors, shareholders, employees, agents, guests, invitees, successors and assigns, (jointly and collectively "INDEMNITEES") from all actions, lawsuits, claims, demands, damages, losses, expenses (including reasonable attorneys' fees and court costs), injuries, obligations, liabilities, controversies and executions, medical bills, lost wages, reimbursements for transportation costs, pain and suffering, diminution in quality of life, of any kind or nature whatsoever, whether known or unknown, whether suspected or not, which have arisen, or may have arisen, or shall arise in the future by reason of INDEMNITORS' involvement in any way related to or concerning one or more Guided Tours, regardless of fault, and do specifically waive any claim or right to assert any cause of action or alleged cause of action or claim or demand against INDEMNITEES concerning any of the matters set forth above.

The Participant is fully aware of and acknowledges the risks and hazards inherent in horseback riding and the Guided Tours and hereby assumes all risks of loss, damage, and injury that may be sustained by Participant as a result thereof.

The undersigned expressly waives and relinquishes, to the fullest extent permitted by law, the provisions, rights and benefits of Section 1542 of the California Civil Code, or any other similar provision under federal or state law, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

The undersigned, for full and valuable consideration and intending to be bound hereby from and after the date of execution, warrants that he or she is eighteen (18) years of age or older, (or if the Participant is under eighteen (18) years of age, the undersigned represents and warrants that he or she is the parent or guardian of the Participant and has full authority to enter into and bind the Participant to this

Release and Indemnity Agreement), has the capacity to enter into this agreement, and that all statements made herein are true and correct, acknowledging that WILSON CREEK WINERY has relied upon them in allowing Participant and WINE COUNTRY TRAILS to undertake the Guided Tours.

YOU ARE THE CUSTOMER OF WINE COUNTRY TOURS. WILSON CREEK WINERY IS NEITHER THE SPONSOR NOR PROMOTER OF THE GUIDED TOURS, AND IS NOT INVOLVED IN ANY WAY WITH OR RESPONSIBLE FOR THE QUALITY OR SAFETY OF THE GUIDED TOURS.

If any portion of this agreement is held invalid, the remaining portions thereof shall continue in full legal force and effect.

THE UNDERSIGNED HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND INDEMNITY AGREEMENT.

Executed	
SIGNATURE OF PARTICIPANT (OR PARENT OR GUARDIAN)	
NAME OF PARTICIPANT	
IF PARENT OR GUARDIAN, NAME OF PARENT OR GUARDIAN	