**Leah Oberfelder (Trainer), Jenna Oberfelder (Agent), Gracie Hernandez (Agent)**

**&**

**The Dickson Ranch**

**Guest Release and Indemnity Agreement**

 In consideration for permission to enter Dickson Ranch, I acknowledge and agree to the following:

1. I know that Dickson Ranch is a working horse ranch and equestrian facility. I know there are horses at Dickson Ranch and I know that horses are big, strong and sometimes unpredictable animals that could seriously injure, or kill me. I agree to assume this risk.
2. I know that Ranch vehicles, equipment and machinery are in operation at various times and in various locations at Dickson Ranch. I know that I could be seriously injured, or killed by these vehicles, equipment and machinery, or the manner in which they are operated, including the negligence of the person operating the vehicle, equipment and machinery. I agree to assume this risk.
3. I know that motor vehicles come onto Dickson Ranch and that I could be seriously injured or killed by these motor vehicles. I agree to assume this risk.
4. I know that the buildings, structures and improvements on Dickson Ranch are in various states of repair and that I could be seriously injured or killed by the condition of these buildings, structures and improvements. I agree to assume this risk.
5. I know that the footing at Dickson Ranch is uneven, and sometimes wet, muddy and slippery, and that I could fall and be seriously injured or killed. I agree to assume this risk.
6. In addition to assuming the above risks, I agree to assume the risk of serious injury and death from any negligent act by the owners, agents or employees of Dickson Ranch, or Leah Oberfelder or any assistants.

Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I agree to waive any claim against Chalmer Tolson, Grace Tolson, Leah Oberfelder, their employees or agents for my personal injury or death occurring while on Dickson Ranch property. I further agree to indemnity and hold harmless Dickson Ranch, Chalmer Tolson, Grace Tolson or Leah Oberfelder., their employees or agents from any claim or suit for bodily injury or death brought by or on behalf of anyone I bring onto the premises of Dickson Ranch, including my child, ward or any other person’s child or ward. I agree that if any claim or suit for personal injury or death occurring on Dickson Ranch is brought by or on behalf of anyone I bring onto the ranch, that I will indemnify and hold Dickson Ranch, Chalmer Tolson, Grace Tolson and Leah Oberfelder, their agents or employees, harmless from any such claim, or suit. This means that I agree to pay all costs associated with defending Dickson Ranch, Chalmer Tolson, Grace Tolson, Leah Oberfelder, their agents or employees against any suit or claim, including attorney’s fees and court costs, and that I will pay any judgment entered against Dickson Ranch, Chalmer Tolson, Grace Tolson, Leah Oberfelder, their agents or employees, for personal injury or death in favor of any person or persons that I bring onto the ranch, injured or killed at Dickson Ranch.

**DO NOT SIGN THIS AGREEMENT UNLESS YOU AGREE TO ASSUME ALL RISK OF PERSONAL INJURY OR DEATH THAT MAY OCCUR WHILE ON DICKSON RANCH, AND YOU AGREE TO INDEMNIFY AND HOLD DICKSON RANCH, CHALMER TOLSON, GRACE TOLSON, LEAH OBERFELDER, THEIR AGENTS OR EMPLOYEES, HARMLESS FROM ANY CLAIM OR SUIT FOR PERSONAL INJURY OR DEATH BY ANYONE YOU BRING ONTO THE RANCH, INJURED OR KILLED WHILE ON DICKSON RANCH PROPERTY.**

YOU MUST BE 18 YEARS OR OLDER TO SIGN

Leah Oberfelder, her agents or employees shall not be liable for any damage which may occur from any cause or as a result of fire, theft, running away, state of health, death or injury to person, horse or property. I agree to this risk.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_**

**Name of child if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**