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

43101 Anza Road, Temecula, CA, 92592

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#	6BEGINNER (under 10 hours) OVER 10 HOURS	
Does participant have any physical or mental condition(s) fill you circled "YES", how can we help this participant with I MEDICAL INSURANCE I/WE AGREE THAT: Should medical tree My medical insurance company is	nis / her special needs? eatment be required, I and / or	my medical insuranc		
2 nd ADULT PARTICIPANT NAME	My policy number is AGE (If under 18) HEIGHT &		HORSE RIDING EXPERIENCE	
(Please Print Name)		WEIGHT	(Check one that applies)	
2	2. Age 3. Date of Birth	4. HT'_# 5. WT#	6BEGINNER (under 10 hours) OVER 10 HOURS	
If you circled "YES", how can we help this participant with 1*! MINOR PARTICIPANT NAME (PleasePrint Name)	his / her special needs? AGE (If under 18)	HEIGHT & WEIGHT	HOR SE RIDING EXPERIENCE (Check onethat applies)	
	The second second second	1 14 4 4 1	6BEGINNER(under 10hours)	
	2.Age	1 4.HT ' *		
. Does participant have any physical or mental condition(s)		4.HT'# 5. WT# afety and ability to	OVER 10 HOURS	
7. Does participant have any physical or mental condition(s) 8. If you circled "YES", how can we help this participant with 2nd MINOR PARTICIPANT NAME (Please Print Name)	Date of Birth that may affect his / her sa	5. WT#	OVER 10 HOURS	
Does participant have any physical or mental condition(s). If you circled "YES", how can we help this participant with 2 nd MINOR PARTICIPANT NAME (Please Print Name)	3. Date of Birththat may affect his / her sa his / her special needs?	5. WT# afety and ability to HEIGHT&	OVER 10 HOURS ride a horse? YES NO (circle one) HORSE RIDING EXPERIENCE (Check one that applies)	
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EACH ADULT MUST
PRITE 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

 I ACKNOWLEDGE THAT: Horseback riding is classified a RUGGED ADVENTURE RECREATIONAL SPORT 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 not limited to: Stopping short, Spinning around; Changing directions and / or speed at will, Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowl
- 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 plains 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 premises.
- E. CARRY-ON OBJECTS WARNING AND SHARP, LOUD NOISES WARNING I/ 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: Cameras, cell phones, hats not securely fastened under chin, toys, purses. When hear 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 in juries 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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			E HEADGEAR / HELMET POLICY understand and ag	ree that This Stable requires ride	rs to wear ASTM Standard F 1163 Protective		
	Hea	•	to the following requirements.				
		Rider Age 6 Yrs and Younger	Protective Headgear / Helmet Requirement For their Safety, children 6 yrs old and younger may not	participate as a rider in horse renta	al and trail riding equestrian services		
		_	Must wear the protective headgear / helmet.		and the state of t		
		16 and 17 Yrs	Must wear the protective headgear / helmet unless their parents or legal guardians sign the refusal statement in the box that follows.				
L		18 Yrs and Older	Must choose to wear or not to wear the protective headgear / helmet by checkin		g the acceptance or refusal box that follows.		
			HELMET ACCEPTANCE OR REFUSAL SELECTION	FOR RIDERS 16 YEARS AND	OLDER		
Check	k your	choice:		*			
			GEAR / HELMET ACCEPTANCE: 1 / WE request for TABLE provides and will be solely responsible for sec				
		PROTECTIVE HEAD	GEAR / HELMET REFUSAL; I / WE refuse for re headgear / helmet and / or will safety in this decision.	gistered participants 16 years provide MY / OUR own. I / W	and older to wear any type of protective /E assume full responsibility for MY / OUR		
AGR FAC	pre of TH growth and income ST K. EQL IL, I. EQL SIG	emises and trails, affilia and from all claims, dei IS STABLE'S and / or i' ass negligence and / or IS STABLE and ITS AS IN FOR THE AND IN THE ACTIVITY LIABILITY A, IN, KY, KS, LA, ME, M JINE ACTIVITY LIABILITY NERS: DO NOT SIGN UN Par INDERSIGNED, REPRESEN IN WE UNDERSTAND THE TRUE AND ACCURATE. IN	THIS STABLE, its owners, agents, employees, ted organizations, and Insurers, and others acting mands, causes of action and legal liability, whether its ASSOCIATE'S ordinary negligence or legal liability willful and / or wanton misconduct, I shall not be willful and / or wanton misconduct, I shall not be sociated above in this clause, for any organization in the state of the state	g on their behalf (hereinafter, r the same be known or unkn ility; and I do further agree it ring any claims, demands, leveconomic and non-economic all ward in relation to the preserve or owned by THIS STABLE; being on THIS STABLE'S preserved applies only for operations loc TN, UT, VA, VT, WV, and WI.] ttached hereto and incorporated IGE IS ATTACHED TO THIS AGRICAL (age 12 or older) and this entire document AWARENESS FOREGOING AGREEMENT, LIABILE RIGHTS TO SUE TODAY AND IN	collectively referred to as "Associates"), own, anticipated or unanticipated, due to lat except in the event of THIS STABLE'S gal actions and causes of action, against losses due to bodily injury and / or death nises and operations of THIS STABLE, to or in the care, custody or control of THIS emises. ated in these states: AL, AZ, CO, DE, FL, GA acknowledge that I have reviewed this state's as if fully set forth herein. INSTRUCTION TO REEMENT. must LITY RELEASE AND ASSUMPTION OF RISK IN THE FUTURE. I/ WE ATTEST THAT ALL		
	General Control						
IGNATU	IRE OF A	ADULT PARENT OR GUA	RDIAN #1 (Spouses must sign for themselves.)		DATE		
IGNATU	JRE OF	ADULT PARENT OR GUA	RDIAN #2 (Spouses must sign for themselves.)		DATE		
IGNAT	JRE OF I	PARTICIPANT			DATE		
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