



Coombs Stable

101 Gabriel Meadows Drive Hutto, TX 78634

EQUINE ACTIVITY RELEASE AND HOLD HARMLESS AGREEMENT

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Coombs Stable, located in Hutto, Texas. I do now as well as in the future, understand that this Release and Hold Harmless Agreement is a waiver of any and all liability/liabilities between the parties.

2. I understand the potential dangers that could incur in the mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks, I hereby release the owners and company of the stables, it's officers, directors, shareholders, employees and anyone else directly or indirectly connected with the stable from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by COOMBS STABLE, LLC, or PRIVATE PARTY.

3. I completely understand and acknowledge the inherent dangers associated with participation in equestrian riding events and equine activities, and also having had an opportunity and sufficient time to fully inspect the stable premises including sufficient opportunity to know of and appreciate specific risks of the stable and the premises such as the swimming pool and children's play/recreational items located on the premise, does hereby voluntarily, knowingly, and expressly assume all associated risks and hazards of the land, or from participating in equestrian riding events and equine activities.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death, or property damage from: mounting, riding, dismounting, walking, grooming, feeding, use of: horse barn, paddock, trails, or horse arena, in

any capacity, falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

7. The person who acts in manager role or assumes the activities for the whole so that the stable may run smoothly and independently, acts so on their own behalf, does not represent the stable owners in any way.

8. I take full responsibility for all parties that will accompany myself or the rider listed below to the barn and they will also not hold Coombs Stable liable for any harm, damage or injury to themselves or others or their personal property.

9. This agreement is effective immediately and will carry over yearly as long as the undersigned partakes in any activities whatsoever at Coombs Stable.

Please Print:

Date: _____

Name of Rider (1)

Name of Rider (2)

Name of Rider (3)

Name of Rider (4)

Parent or Guardian if riders are under 18 Signature:

Signature:

Signature: (parent or legal guardian if under 18 years of age)

Address: _____

Phone: _____

Emergency Contact:

Name Phone Relationship