

LIABILITY WAIVER AGREEMENT

Please Read Carefully Before Signing. Serious Injury May Result From Your Participation In This Activity; Your Safety Cannot Be Guaranteed.

REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: In consideration of the payment of a fee or agreement to accept a complimentary lesson or activity, and the signing of this agreement, I the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntarily request and agree to audit and/or participate in riding instructions as a student Patrick Ruppe, and that this student will either audit or ride his/her own horse for instructional purpose, today and on all future dates:

Riders Name: _____ Age if under 18 _____

AGREEMENT SCOPE AND TERRITORY, AND DEFINITIONS: This agreement shall be legally binding upon me the registered student, 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 MN. If any clause, phrase or words in conflict with MN law, then that single part is null and void. The term "Horse" herein shall refer to all equine species. The term "Horseback Riding" herein shall refer to riding or otherwise handling horses, whether from the ground or mounted. The terms "Student" and/or "Rider" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me", "My" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

ACTIVITY RISK CLASSIFICATION: I understand that: Horseback riding is classified as a "Rugged Adventure Recreational Sport Activity", and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

RIDER RESPONSIBILITY: I understand that: Upon mounting a horse the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced and calm aboard the moving animal. I agree the rider shall be responsible for his/her own safety, including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advise of their physician. Pregnant women should not to ride horses.

ACCIDENT/MEDICAL INSURANCE: I agree that: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

PROTECTIVE HEADGEAR WARNING: I agree that: I have been fully warned and advised that I should purchase and wear protective headgear (equestrian riding helmet), and do understand that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries, and even prevent death from happening as the result of a fall or other occurrence. Riding helmets are MANDATORY for any student jumping and/or under the age of 18.

LIABILITY RELEASE: I, the rider, and the parent or legal guardian thereof a minor, do agree to hold harmless and release Patrick Ruppe, his family, agents, employees, and insurers from legal liability due to ordinary negligence; and I do further agree that except in the event of any gross and willful negligence, I shall bring no claims, demands, actions and causes of actions, and/or litigation, against Patrick Ruppe and his associates as stated above in this clause, for any economic or non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to riding lessons, training, handling, or otherwise being near horses owned by or in the care, custody, and controlled by Patrick Ruppe. All Riders and Parents or Legal Guardians must sign below after reading this entire document:

Signer Statement of Awareness

I/We the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk. We further attest that all facts relating the applicant's physical condition and age are true and accurate.

Signature of Rider (Spouse must sign for themselves) _____ Date _____

Please Print Rider Name

Signature of Parent, Guardian and/or Spouse #1 _____ Date _____

Signature of Parent, Guardian and/or Spouse #2 _____ Date _____

Address

Home Phone _____ Business Phone _____

City/State/Zip