HORSE RIDING AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT FOR INDIVIDUALS RIDING THEIR OWN ANIMALS ON NON-OWNED PREMISES

Smilodon Acres LLC

Premises Owners Name, hereinafter known as "THIS FACILITY."

Saddleup Arena, 5402 South Cooper Street, Palmer, Alaska

Location or Address of this Facility

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: I, the following listed individual hereinafter known as the "RIDER," and the parents or legal guardian thereof if a minor, do hereby voluntarily request and agree to participate in horse riding on THIS FACILITY premises, and that this RIDER will ride his/her own horse or a horse borrowed or leased by RIDER'S own arrangement.

	RIDER NAME	AGE (if under 18)
1.		2
3. MEDICAL INSURANCE: such incurred expenses.	I/WE AGREE THAT: Should medical treatment be required, I and / or my medical ins	surance company shall pay for ALL
> My medical insurance company is _	My Policy Number is	I do not carry medical insurance

- B. AGREMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me the registered RIDER, 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 FACILITY'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS FACILITY permits me (directly or indirectly) to enter THIS FACILITY's property, be on THIS FACILITY's property, be near any horse, receive instruction and / or guidance from its associates and / or when I ride and / or am near horses on or off THIS FACILITY'S property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS FACILITY is physically located. 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", "MY" shall herein refer to the above registered rider and / or participant and / or attendant and the parents or legal guardians thereof if a minor.
- C. INHERENT RISKS / ASSUMPTION OF RISKS. I/WE ACKNOWLEDGE 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, falling to maintain control over an equine and / or falling 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, driving and training are activities 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 acknowledge that these are just some of the risks and I agree to ass
- D. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENT WARNING, AND INSPECTION OF PREMISES. I/WE ACKNOWLEDGE THAT: THIS FACILITY 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 understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS FACILITY to list all possible conditions for me. The RIDER and parent or legal guardian have inspected THIS FACILITY's facilities and I / WE are satisfied that all premise conditions are reasonably safe for this RIDER'S intended purpose, usage and presence upon THIS FACILITY'S premises.
- E. PROTECTIVE HEADGEAR WARNING: 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 FACILITY that protective headgear, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and / or driving, training, and / or being near horses, and I understand that the wearing of such headgear 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 am not relying on THIS FACILITY and / or its associates to provide a certified helmet for me or to check any helmet or helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.
- F. <u>LIABILITY RELEASE:</u> I/WE AGREE THAT: In consideration of THIS FACILITY allowing my participation in this activity, under the terms set forth herein, I, the registered RIDER, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS FACILITY, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS FACILITY'S and / or ITS ASSOCIATES ordinary negligence or legal liability; and I do further agree that except in the event of THIS FACILITY'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS FACILITY and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS FACILITY, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS FACILITY, or in the care, custody or control of THIS FACILITY'S premises
- G. EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING: (This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, LH, OK, OR, RI, SC, SD, TX, TN, UT, VA, VT, WV, AND WI.) THE ALASKA EQUINE ACTIVITY STATUTE IS ATTACHED.

All Riders and Parents or Legal Guardians must sign below after reading this entire document:

I / WE, THE UNDERSIGNED, REPRESENT THAT I / W	'E HAVE READ A	EMENT OF AWARENESS AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIAB TS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE O OL OR INTOXICANTS.	
SIGNATURE OF RIDER (Spouses must sign for themselves)		DATE	
SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #1 ADDRESS IN FULL	DATE	SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #2 Home Phone:	DATECell Phone:
PERSON TO CONTACT IN CASE OF EMERGENCY		RELATIONSHIP TO RIDER	PHONE NUMBER