

ADULT RELEASE AND INDEMNIFICATION AGREEMENT

My name is _____ (hereinafter called "I," "me," "my," and "myself")

I live at: _____
(street address) (city, state, ZIP)

Phone number: _____ Email address: _____

I understand that being around horses is inherently dangerous they are living creatures and are not predictable.

On behalf of myself, heirs, executors, administrators, and assigns, I do hereby release, waive, and discharge Double Diamond Equestrian Center LLC, its officers, employees, agents, and the owner or owners of any horse ridden at the direction of Double Diamond Equestrian Center LLC its officers, employees, or agents from any liability, loss, damage, cost, expense, or claim resulting from any injury to me, or my personal property, that may result from any occurrence while engaged in riding horses, competing, or being otherwise engaged in any activity at Double Diamond Equestrian Center LLC.

Further, I release Double Diamond Equestrian Center LLC., its officers, employees, or agents from any liability, loss, damage, cost, expense, or cost whatsoever on account of first aid or medical treatment or service rendered to myself as a result of participation by me in any activity at Double Diamond Equestrian Center LLC.

In consideration of the services provided by Double Diamond Equestrian Center LLC, I agree to maintain health and accident insurance on myself. I assume full financial responsibility for any and all accidents, harm, or injuries I incur while participating in any activity at Double Diamond Equestrian Center LLC.

In furtherance of my obligations under this agreement, I agree to defend Double Diamond Equestrian Center LLC, its officers, agents, employees, other customers, the owner of any horse ridden at the direction of Double Diamond Equestrian Center LLC, its officers, employees, or agents, successors, and each of them against all suits, claims, demands, and actions by and through legal counsel chosen by Double Diamond Equestrian Center LLC.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I have read the foregoing and understand its contents.

Signed this the _____ day of _____, 20 ____ in _____, _____, Texas.

(Participant)

SWORN AND SUBSCRIBED TO BEFORE ME THE _____ day of _____, 20 ____ by a person known to be _____ (participant)

(Notary Public, State of Texas).

(Printed name of Notary Public)

My commission expires: _____

WARNING: THIS IS A BINDING LEGAL DOCUMENT. YOU ARE GIVING UP SOME IMPORTANT RIGHTS IN EXCHANGE FOR PARTICIPATING IN ACTIVITIES AT DOUBLE DIAMOND EQUESTRIAN CENTER, LLC. IF YOU DO NOT UNDERSTAND YOUR RIGHTS, CONSULT WITH AN ATTORNEY BEFORE YOU SIGN THIS DOCUMENT.