Saddletree Stables Release and Hold Harmless Agreement

I, the undersigned, recognize and assume the unavoidable risks inherent in all horse-related activities including, but not limited to, bodily injury and physical harm to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at Saddletree Stables, Inc., located at 2112 Saddletree Lane, Willow Spring, NC 27592, and for the receipt of other valuable consideration the receipt of which is hereby acknowledged. I hereby covenant and agree, for the express benefit of Saddletree Stables and/or Donald, Karen, and Michelle Stephenson, its directors, shareholders, officers, employees, independent contractors, all 4-H horse club volunteers, lessors, agents, attorneys, successors, and assigns (the “Benefitted persons”), as follows:

Release and Covenant Not to Sue: I do hereby release the Benefitted Persons from any and all liability or responsibility for accident, damage, injury, or illness to me, my horse(s), any member of my family or his personal representative, or any of my guests arising out of any occurrence on or around the premises of Saddletree Stables unless due to the negligence of the Benefitted Persons. I further release any landowner who permits me to use his lands without charge for riding or other activity in accordance with the North Carolina Landowner Liability Act. I hereby covenant not to sue any of the Benefitted Persons and knowingly and voluntarily relinquish any claims, for myself and anyone claiming through me, hereafter existing which I, my personal representative, insurers, assignees, or subrogees may have against them, unless due to the negligence of the Benefitted Person.

Hold Harmless and Indemnification: I do hereby covenant and agree to hold harmless and indemnify the Benefitted Persons for any loss, liability, or responsibility for accident, damage, or injury resulting from my acts of omissions, or from suits brought by my personal representative, family members, guests, insurers, assignees, subrogee, or other persons claiming through me or who were on the premises at my invitation due to my acts or omissions.

Enforcement: I understand and agree that any of the Benefitted Persons may enforce any terms of this agreement and agree to reimburse any and each of them in the event they are reasonably required to bring an action for enforcement of this agreement for their costs and expenses incurred in such action, including their reasonable attorney’s fees if they are the prevailing party.

I have hereunto set my name under seal and by so doing intend the same.

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print)

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_