

WYNDHAM OAKS, LLC
RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

This document waives important legal rights. Read it carefully before signing.

In consideration for allowing me to use the premises and facilities known as Wyndham Oaks and located at 19301 Bucklodge Road (the 'Premises') I agree to the following:

I AGREE that I choose to participate voluntarily in equestrian sports as a rider, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a minor who wishes to do so. I am fully aware and acknowledge that horse sports involve dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release Wyndham Oaks, LLC, its owners and staff (hereinafter collectively referred to as "Operator") from all claims for money damages or otherwise for any Harm to me, my horse or others and for Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Operator.

I AGREE to expressly assume all risks of Harm to my horse, including Harm resulting from the negligence of the Operator.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the Operator and to hold the Operator harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse while on the Premises.

I understand about protective equipment and I agree to wear protective equipment, including but not limited to safety approved riding helmets, at all times while mounted. I understand that no protective equipment can guard against all injuries.

If I am a parent or guardian of a minor, I consent to the child's participation in equestrian activities while on the Premises. I AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf. Furthermore, I understand that I must be present on the Premises at all times while the minor is present.

I AGREE that I have the requisite training, coaching and riding abilities to safely participate in equestrian activities.

BY SIGNING BELOW, I AGREE to be bound by the Rules and Regulations of the Premises and all provisions above.

Print Name: _____

Signature: _____

Date: _____

Vaccination Certification:

This is to certify that my horse, _____,

is current with all vaccines, including “strangles”. I

enclose, or will provide before unloading, a current

negative coggins.

Owner/Rider

Date