

WAIVER AND RELEASE FORM

I acknowledge that I am voluntarily entering onto the premises and engaging in equestrian activities, which include but are not limited to saddling, mounting, dismounting, riding, petting, feeding, grooming and all other equestrian activities. I know and fully understand that this activity is hazardous and involves a risk of death, personal injury and damage to property. I expressly assume any and all risks associated with and incidental to any and all equestrian activities, including but not limited to, saddling, mounting, dismounting, riding, petting, feeding, grooming and the handling and touching of horses in any manner.

I expressly understand and accept that, by entering onto such premises and engaging in any or all equestrian activities and all activities incidental and associated with equestrian activities, I am engaging in a hazardous activity and hereby accept and assume all risks to my person and my property incidental to being on such premises and/or engaging in any activity associated with and incidental to equestrian activities at such premises.

I hereby expressly waive, release and relinquish any and all rights and claims I or my heirs, successors, administrators or assigns may now or hereafter have against **CYNTHIA and DAVID GREENWOOD** and their employees, heirs, executors, administrators, successors and assigns, with respect to any and all death, personal injury, damage or loss of personal property of which may occur on such premises while saddling, mounting, dismounting, feeding, riding, handling and touching of any animal in any manner at **CIBOLO SPRINGS RANCH LLC** (7735 Ranger Creek Rd, Boerne, TX 78006) or which may arise, directly or indirectly from being on such premises or my voluntary participation in such activities. This waiver and release shall bind me, my heirs, and assigns and legal representatives. I shall indemnify and save harmless **CYNTHIA and DAVID GREENWOOD** from any and all such claims or causes of action by whomever made and whenever presented.

I acknowledge that the above listed parties have warned and advised me that I should purchase and wear properly fitted and secured ASTM-SEI certified protective equestrian headgear when riding or near horses in order to reduce the severity of some head injuries or prevent death from occurring as a result of a fall or other circumstances.

WARNING; UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL AND/OR A FARM ANIMAL ACTIVITY SPONSOR IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I further state that I have carefully read this waiver and release and assumption of risk form and know the contents of this document and voluntarily sign it.

Signature

Parent or Guardian if under 18 years

Print Name

Witness

Address/Telephone #

Date