



CAMP LIABILITY WAIVER

Idylwood Stables Camp Release of Liability and Covenant not to Sue

I, _____, on behalf of my minor child, _____, any personal representatives, heirs, and next of kin, hereby release Idylwood Stables, ATXLA and their agents, employees and/or volunteers from any liability of personal injury, death, or property damage through my child's participation in the Idylwood Stables Camp Program ("Camp").

I am fully aware, understand and acknowledge that my child(ren) will be involved in physical activities, both outside and indoors, during the Camp, including but not limited to hiking on nature trails, water activities (sprinkler, creek, swimming pool), theater activities, sports activities (archery, dodge ball, soccer), trampoline, zip line and transportation to other locations, and arts and crafts that my child will engage in that may result in physical injury

Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

I acknowledge that the use, handling, and riding of a horse and the use of farm equipment and the presence in or around a stabling facility where horses are present, involves inherent risks of personal injury or death to any individual involved in such activities and of damage to or loss of personal property, including damage to the tack and horses involved. I acknowledge that a horse, regardless of past behavior or training, can act unpredictably at any time. I acknowledge that horses, riders, and observers can be injured in the normal course of events while grooming, tacking up, hacking, schooling, competing, or just observing in close proximity to horses. With full awareness of the foregoing, I am knowingly participating in equine activities at Idylwood Stables located at Manor Equestrian Center (referred to herein as "Idylwood Stables"), or at an event held at another location sponsored by Idylwood Stables, and I willingly engage in such activities. I accept the possibility of injury or death to myself and/or my horse and/or to others and their horses as inherent risks of equine activities. I acknowledge that horseback riding is a rigorous activity, requiring both physical fitness and mental alertness at all times. I certify that I am in good health, free from injury, illness, or other defect that might impair my ability to engage in this activity.

In consideration of the agreement of Idylwood Stables to allow my participation in camp and equine activities, I expressly and voluntarily assume all risks attendant to such activities, and I do hereby fully forever release, discharge, and agree to indemnify and hold harmless Idylwood Stables, ATXLA, their members, and their volunteers and their respective representatives, employees, and agents, and all persons in privity with them, from any and all claims, causes of action, or damages of any kind whatsoever, known or unknown, which I, or those who may claim on my behalf, may assert as a result of injury or death to any horse or rider, or loss or damage to property, incurred while I am participating in any equine activities at Idylwood Stables or sponsored by Idylwood Stables at another location, excluding claims that may result from gross negligence. In the event of an injury, I consent to emergency medical attention for my child.

By signing below, I am waiving valuable legal and equitable rights and assuming important legal obligations. I have carefully considered the risks involved in signing this release and sign with full knowledge of those risks. This release is valid until written revocation is received by Sydney Kornman, after which point I understand that I will not be able to participate in camp or equine activities at or sponsored by Idylwood



Stables.

ALL BLANKS MUST BE COMPLETED BEFORE PARTICIPATING IN CAMP OR HANDLING ANY HORSE

Please write out in your handwriting: "I have read and understand these warnings.":

Participant's Printed Name: _____

Participant's Signed Name: _____ Signature Date: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

If I am signing this release as a parent or guardian (for a participant under 18 years of age), I represent that I am the custodial parent and that I am authorized to sign this release and indemnification agreement.

Parent/Guardian Signature: _____ Signature Date: _____