# CEDAR GROVE STABLES
## Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Cedar Grove Stables, LLC, Horseback Riding Facility/Boarding Facility, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1) The risk of injury from the activities involved in Boarding Horses, riding horses and any kind of interacting with horses at all is significant, including the potential for permanent paralysis and death to the participant or horse and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,

2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN. EVEN IF ARRISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION; AND,

3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS CEDAR GROVE STABLES, LLC. , SHARON L. BARBINI, FAMILY MEMBERS, THEIR OFFICERS, OFFICIALS, AGENTS, AND / OR EMPLOYEES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, OWNERS AND LESSORS OF PREMISES USED FOR THE PURPOSE OF CONDUCTING AN EVENT, RIDING HORSES OR BOARDING HORSES, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON, PROPERTY, OR HORSE, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION FO RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____ DATE SIGNED_____

(Participants Signature)

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF PARTICIPATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releases from any and all liabilities, incident to my minor child's involvement or participation in any event, boarding a horse or trail riding or any other program described above at Cedar Grove Stables, LLC. , Sharon L. Barbini, Family members, and or Employees, EVEN IF ARISING FROM THEIR NEGLIGENCE. Children under the age of 18 yrs old are REQUIRED to wear a helmet when riding.

_____ Date Signed:_____

(Parent/Guardian Signature)