

**CASEY RANCH EQUESTRIAN, LLC AND/OR FRANK AND/OR DAWN CASEY
LIABILITY RELEASE CONTRACT & CONSENT AGREEMENT**

*****WARNING*****

UNDER OKLAHOMA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE OKLAHOMA EQUINE ACTIVITIES LIABILITY ACT.

RISKS INVOLVED IN EQUINE ACTIVITIES:

- *I am fully aware and understand* that ALL riders are required to wear and use safety equipment, especially helmets at all times. I also understand that children under the age of 18 must be supervised at all times and are not permitted to ride alone. I also understand that riders are not permitted to jump their horse outside of a structured and supervised lesson.
- *I am fully aware and understand* that horses are unpredictable by nature; and when frightened, angry or under stress, it is a horse's natural instinct to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite, and that horses are extremely powerful. I understand that I could be injured as a result of any of these or other actions of a horse. I understand these risks, and I voluntarily assume these risks and dangers.
- *I further understand* that upon mounting a horse or driving a carriage and/or taking up the reins, the rider/driver is in primary control of the horse, and that the Property Owners are not responsible for the results of the rider's/driver's actions or inactions, or for the action of the horse or faulty equipment.
- *I fully understand* and agree that I alone am to be responsible for any bodily injury which I should sustain on the grounds of the Property Owners while engaged in general recreation, riding, driving, viewing or caring for a horse, and for any time I should lose from employment or activity, and for the medical expenses or any other expenses incurred because of such bodily injury or property damage.
- *In acknowledgment of the above*, I hereby, for myself and my heirs, HOLD HARMLESS the Property Owners, and their respective servants, agents, employees, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person or property whether or not such injury or property damage resulted from the negligence or gross negligence of the Property Owners, or their servants, agents, employees or officers, or resulted from any defect in tack or equipment that might be used on or around the property.
- *I understand and agree* that in exchange for being permitted to participate in general recreational activities and/or the boarding, viewing, caring for, riding or driving of horses on the property of the Property Owners, I am voluntarily assuming the risks of agreement that I may not bring a lawsuit or a claim of any kind against the Property Owners, their servants, agents, employees or officers for such injuries and/or property damage. If I should bring such claim or lawsuit in violation of this agreement, I agree that I shall be liable to the Property Owners for any and all reasonable attorney's fees and expenses that may be incurred by the Property Owners in defending such claims.
- *I further agree* to indemnify and reimburse the Property Owners, their servants, agents, employees or officers for any injury and/or property damage to any third person as a result of any action or inaction on my part. This indemnification included the reasonable cost of attorney's fees and expenses incurred by the Property Owners in defending against and such suit.

The undersigned voluntarily request to be permitted on the property of Casey Ranch Equestrian, LLC and/or Frank and/or Dawn Casey, herein referred to as the Property Owners, for the purpose of participating in equine activities. This agreement shall be in effect upon signing below and renews annually.

The undersigned, for and behalf of myself or my child and legal ward, acknowledge that I have been fully advised by Casey Ranch Equestrian, LLC, or Casey Ranch, LLC that I or my child or legal ward should purchase and wear a properly fitted and secured ASTM/SEI-Certified equestrian riding helmet while riding, driving or near horses in order to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences.

I testify that I have read and fully understand and agree to the above:

Signed: _____ Print Name: _____ Date: _____
Address: _____ City, State, Zip _____

Parent/Legal Guardian of:

1. _____ 2. _____ 3. _____

Casey Ranch Boot Camp Registration Form:

Please mail completed forms and check to Casey Ranch, 46235 ECR 1510, Stratford, OK 74872 or email to dawncasey@yahoo.com and pay through Paypal.

CAMPER INFORMATION:

Name: _____ Age: _____ Birthday: _____ Grade: _____

Riding Level (*circle one*): 2'3" 2'6" 2'9" 3'0" 3'3" 3'6" 3'9"+

List trainers: _____

Is there any information that might help us instruct the camper? _____

Special Instructions, Allergies or Medical Conditions: _____

Preferred Hospital: _____ Insurance Company & Policy#: _____

Every reasonable effort will be made at the time of an accident or illness to contact parents/guardians without delaying medical treatment. In the event that parents/guardians cannot be reached and medical care is required in an emergency, the undersigned do hereby consent to medical treatment and hospital service that may be necessary under the general or specific instructions of a hospital or physician. As parent or guardian of the above child, I do hereby agree to ALL responsibilities for medical or other expenses that might occur as a result of injury during any or all activity at Casey Ranch Equestrian Boot Camp.

Signed: _____ Print: _____ Date: _____
(Parent/Guardian of Minor)

PARENT INFORMATION:

FATHER'S NAME: _____ HM PHONE: _____

ADDRESS: _____ WK PHONE: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

MOTHER'S NAME: _____ HM PHONE: _____

ADDRESS: _____ WK PHONE: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

BILLING INFORMATION:

RESPONSIBLE PARTY'S NAME: _____

ADDRESS _____ CITY, STATE, ZIP _____

EMAIL ADDRESS: _____

HM PHONE: _____ CELL PHONE: _____

OTHER EMERGENCY CONTACT:

NAME: _____ PHONE: _____

***** A \$100 non-refundable deposit is due at the time of registration. All camp tuition balances are due in full on or before the first day of camp and are non-refundable.*****

CAMP SESSION(S): _____ CAMP TUITION: 325.00 _____

Office Information: Ck #: _____ Amount: _____