

RELEASE AND WAIVER OF LIABILITY

Le Bocage, L.L.C. d/b/a The Stables at Le Bocage

4550 S. Park
Lake Charles, LA 70607

Office: 625 Esplanade Street
Lake Charles, LA 70607
(337) 905-JUMP (5867)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you waive your right to bring to court action to recover compensation or obtain any other remedy for injury whatsoever resulting from your use of the premises, facilities, vehicles, trailer(s), horses, or equipment owned, leased, used, or otherwise in control of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and its owners, officers, agents or employees, individually or collectively (the “premises”).

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

By signing this agreement, I (print name; if under 18, parent or legal guardian), _____ hereby acknowledge and agree that horseback riding and horse handling and/or horse transport of any kind is a dangerous activity and, in particular that Eventing and Jumping is a dangerous sport. I understand that horses are creatures of independent action and may act unpredictably at any time. I recognize that by engaging in equestrian activities, I am putting myself in substantial risk of injury and I hereby agree to assume all such risk associated with this activity. I further recognize that transporting a horse in traffic from place to place or show to show has risk factors that I am willing to take at my own expense and hereby agree to assume any and all risks of transport of my horse(s) associated with the transport of my horse(s) or my own transportation, whether it is in my own vehicle and trailer or vehicles or trailers owned and operated by Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and its owners, officers, agents or employees, individually or collectively. I acknowledge that I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY THE FOLLOWING WARNING relating to the provision of equine services, instruction, rental of equipment, tack, vehicles or trailers for transport, or horses or related activities in participation in equine activities whether on premises owned, leased, or used by Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, (hereinafter collectively sometimes referred to as “Le Bocage”). Further, I recognize that

the owners, officers' agents and employees of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. ("Ginny") Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and its employees, assigns, heirs, volunteers, staff, and/or agents, individually and collectively, are protected by Louisiana Law as follows:

WARNING:

Under Louisiana 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 risk of equine activities pursuant to R.S. 9:2795.3.

WAIVER/RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE

As partial consideration for my use of the services, equipment, horses, and/or premises of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. ("Ginny") Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, **I hereby agree to release from liability Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr., Virginia J. Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and its owners, officers, agents, or employees, individually or collectively, and do hereby waive any rights**, I, my heirs, representatives, or assigns may have against Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and their officers, owners, agents and/or employees, individually and collectively, to assert any cause of action, possible cause of action, claim or demand of any nature whatsoever, including, but not limited to, a claim for negligence or gross negligence which, I, my heirs or assigns, may have now, or in the future, on account or personal injury or damage is caused, including, but not limited to the negligence, gross negligence, reckless or wanton conduct of any owner, officer, agent, or employee of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. ("Ginny") Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, individually or collectively, or the conduct of any party connected in any way with Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. ("Ginny") Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy and Bonnie Brame.

As further consideration for my use of services, equipment, horses, and/or premises of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. ("Ginny") Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, I agree to use and follow the established safety policies, procedures, rules, and guidelines of Le Bocage, and **I agree to indemnify and hold harmless** Le Bocage, L.L.C. (d/b/a The Stables at Le

Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, Bonnie Brame, and their heirs, assigns, employees, staff, volunteers, and/or agents, individually or collectively, and their owners, officers, agents, and employees, from any and all causes of action, claims or demands arising out of or in any way relating to my use of services, equipment, horses, and/or the premises, whether asserted by Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, individually or collectively, its owners, officers, agents, or employees, or by any third parties who may be injured on account of or relating to my use of Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, individually or collectively, services, equipment, horses, and/or premises.

In the event any provision of this agreement is determined to be invalid or unenforceable for any reason, the remaining terms and provisions that are not affected thereby shall remain in full force and effect.

HEALTH CARE AUTHORIZATION

Authority is hereby given to Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, individually or collectively, their owners, officers, agents and employees to make health care arrangements for me in the event of an accident, injury, or illness. **I understand the above-mentioned parties will not be responsible for any medical and/or other costs associated with injury or health-related problems, which I may sustain.** I also hereby authorize Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Saralee Nottingham, Derek Mason, Jeanne Dennis, Amelia Stratman, Heather Champagne, Kayla Cassidy, and Bonnie Brame, individually or collectively, and their owners, officers, agents, or employees to make any necessary arrangements for my horse(s) in the event of an accident, injury, or illness.

I hereby certify that I am of the lawful age (18 years or older) and that either I personally am the “rider” referred to herein, or that I am parent or legal guardian of the “rider”, and that I have read and fully understand the provisions of the Release Form.

Signatory must write in the above line: **I HAVE READ AND UNDERSTAND THE ABOVE RELEASE FORM.**

IN WITNESS WHEREOF, the instrument is duly executed at

_____, Louisiana on _____ day of _____, 20____.

WITNESSES:

OWNER/STUDENT/PARENT(S):

Sign & Print Name:

Sign & Print Name:

Print Name: Sign & Print Name:

Sign &

Owner/Rider's Name: _____ Birthdate: _____ / _____ / _____

Address: _____ Home Phone _____

City/St/Zip _____ Work Phone _____

Email Address: _____

PHOTO AND NAME RELEASE AUTHORIZATION

By my signature below, I authorize The Stables at Le Bocage to take and use photos of: _____ myself, _____, and/or _____ my minor child/children, _____, while participating in summer camp, show, or lesson activities with The Stables at Le Bocage and use them for news releases, advertising/marketing, and/or on their Web site. The name(s) of the person(s) in the photo ___ may ___ may not be used in conjunction with the publishing or display of the photo.

Signature
Print Name: _____

Signature
Print Name: _____

CONFIDENTIALITY AGREEMENT

I, _____ agree not to disclose any client names, treatment information or identifying information pertaining to any client, past, present or future, of

Reins of Hope of Le Bocage to anyone who is not affiliated with Reins of Hope of Le Bocage. This confidentiality agreement is effective the date of the signing of this agreement, and is forever binding after my association with Reins of Hope of Le Bocage.

Print Name:

EMERGENCY CONTACT AND MEDICAL INFORMATION:

IN EMERGENCY, NOTIFY: _____

Phone: _____ Cell Phone: _____

ALTERNATE EMERGENCY CONTACT: _____

Phone: _____ Cell Phone: _____

Family Physician: _____

Phone No.: _____

Allergies and/or pertinent medical information: _____

