

255 St. Rt. 115 Ocean Shores, WA. 98569 360-289-0194 Waiver of Liability for:

| Monthly Box | arder | Horse Motel _ | Riding Lessons | School of Horsemanship |
|---|--------------|-----------------------|--|------------------------|
| The undersigned has accepted for Monthly and Overnight Boarders, Riding Lessons, and/or School of Horsemanship, on the conditions, said undersigned (or guardian) fully understands and acknowledges that being involved with horses can be a hazardous undertaking – that hazards and obstructions exist, including any and all outside influences, falls, local wildlife and insects disturbing the horse, and that kicking and biting or other actions resulting from the unpredictable nature of the horse are common. | | | | |
| The undersigned is aware that there are certain risks of injury that necessarily accompany any activity concerning horses. In consideration of the services to be performed by NAN-SEA STABLES, INC., the undersigned assumes the risk of any injury or damage, which he or she may sustain while taking riding lessons from, or using the riding facilities, or trails provided by NAN-SEA STABLES, INC., from any claim or cause of action which he or she may acquire against NAN-SEA STABLES, INC., arising out of any riding lessons or riding facilities provided By NAN-SEA STABLES, INC., including, but not limited to, any claim or cause of action for negligence. | | | | |
| This is intended to be and shall be construed as a complete, general release of all claims or causes of action, known or unknown, now existing or arising in the future. This release when executed by a parent or guardian shall be binding upon that person's ward or children. | | | | |
| Upon placing my signature on this paper, I hereby acknowledge my full understanding and willingness to accept the risks of injury incident to the above-mentioned activities for myself or for the minor for who I am responsible, and waive NAN-SEA STABLES, INC., and all other land owners, Patricia L. & Patricia A. Seaman, instructors or barn workers in their employ, from any and all liability. | | | | |
| Rider's Name(s) Address | | | CA TO TO THE TOTAL PROPERTY OF THE TOTAL PRO | |
| | City | | State | Zip |
| Phone | | | Birthdate (if under 18) | |
| Riders Signature | (Parent or G | uardian if student is | a minor) | (Date) |