



THE JAECKLE CENTRE LIABILITY RELEASE AND WAIVER

We hereby acknowledge that we are aware of the risks and dangers (including potential injury or death) that may occur at The Jaeckle Centre while riding horses, swimming, swimming horses, being in the area around the pond or facility, or using recreation equipment around the equestrian facility or the pond. For swimming, there are generally no lifeguards or personnel on duty at any time. Each participant must sign in at The Jaeckle Centre office. If no one is available at the office, the participant must inform a Jaeckle Centre employee of riding, swimming, or other activities before being allowed on a pony or horse, on equipment, or in the pond, and follow any safety instructions and rules attached or issued by The Jaeckle Centre personnel.

RELEASE INDEMNIFICATION: I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above and release absolutely, forever discharge, hold harmless and covenant not to sue The Jaeckle Centre, their directors, employees, agents, volunteers and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"), including any injury or death that may occur while participating in such activities. I agree to indemnify The Jaeckle Centre for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

MEDICAL EMERGENCY: I understand that The Jaeckle Centre may not have medical personnel available at the facility or on the property. I understand and agree that The Jaeckle Centre is granted permission to authorize emergency medical help be called and authorize treatment, if necessary. Further, I agree that The Jaeckle Centre assumes no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

UNDERSTANDING: I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a conciliation/mediation organization for binding resolution.

Signature of Participant if over the age of 18

Date

Participant's Printed Name

Date

Signature of Legal Parent or Guardian if Participant is under the age of 18

Date