

LNJ RANCH LLC
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 payments are NON REFUNDABLE and that 24 hours notice MUST be given before cancellation or lessons are forfeit.
- ***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 LNJ Ranch LLC, 119 West Medcalf, Marlow, OK 73055, 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 LNJ Ranch, 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 _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Parent/Legal Guardian of:

1. _____ 2. _____ 3. _____

**LNJ RANCH LLC
RIDER INFORMATION SHEET**

Minor Rider:

Rider's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, State, Zip _____

Father's Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Emergency Contact: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Special Instructions, Allergies or Medical Conditions: _____

Preferred Hospital: _____ Insurance Company & Policy #: _____

Adult Rider:

Rider's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, State, Zip _____

Spouse's Name: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other Emergency Contact: _____ Home Phone: _____

Work Phone: _____

Cell Phone: _____

Special Instructions, Allergies or Medical Conditions: _____

Preferred Hospital: _____ Insurance Company & Policy #: _____

I hereby state that I have carefully read the above liability release contract and consent agreement and agree to be bound by it. Every reasonable effort will be made at the time of an accident or illness to contact parents, guardians or spouses without delaying medical treatment. In the event that parents, guardians or spouses can not 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 rider or as an adult rider, 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 LNJ Ranch LLC.

Signed: _____ Print: _____ Date: _____

(Parent /Legal Guardian of Minor or Adult Rider)