



RELEASE AND WAIVER OF LIABILITY

Reins of Hope at Lebocage, Inc.

&

**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 Reins of Hope at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, Jeanne Dennis, and its owners, officers, agents or employees, volunteers, 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. 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 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 Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a

The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, (hereinafter collectively sometimes referred to as Reins of Hope Inc., “Le Bocage”). Further, I recognize that the owners, officers’ agents and employees of Reins of Hope Inc. at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, Jeanne Dennis, 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 Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, Jeanne Dennis, **I hereby agree to release from liability Reins of Hope Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr., Virginia J. Henning, Derek Mason, Jeanne Dennis, and its owners, officers, agents, or employees, volunteers individually or collectively, and do hereby waive any rights,** I, my heirs, representatives, or assigns may have against Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), Saralee Nottingham, Derek Mason, Jeanne Dennis, and their officers, owners, agents and/or employees, volunteers, 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 Reins of Hope at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, Jeanne Dennis, individually or collectively, or the conduct of any party connected in any way with Reins of Hope at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis,.

As further consideration for my use of services, equipment, horses, and/or premises of Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, 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** Reins of Hope at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, 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 Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, individually or collectively, its owners, officers, agents, volunteers or employees, or by any third parties who may be injured on account of or relating to my use of Reins of Hope at Le Bocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, 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 Reins of Hope at Le Bocage, Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, individually or collectively, their owners, officers, agents, volunteers 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 Reins of Hope at LeBocage Inc., Le Bocage, L.L.C. (d/b/a The Stables at Le Bocage), John A. Henning, Sr. and/or Virginia J. (“Ginny”) Henning, Derek Mason, and Jeanne Dennis, individually or collectively, and their owners, officers, agents, volunteers 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:

_____ Sign & Print Name: _____ Sign
& Print Name:

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 Reins of Hope at Le Bocage Inc., 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: