

MANITO EQUESTRIAN CENTER • MANITO LIFE CENTER

RELEASE, STATEMENT OF UNDERSTANDING AND ACKNOWLEDGEMENT

I, _____ (print name), do state and acknowledge that any activities relating to horses or horseback riding are inherently dangerous activities and that such activity entails risk of personal injury, including death, to me. It is my intention, on my own behalf and on behalf of my heirs, executors, administrators, assigns and guests, to assume any and all risks associated with any horseback riding or horse-related activities which I may engage and I hereby release and discharge M. LISA SCHADT, CHINQUALIPPA, INC., d/b/a MANITO EQUESTRIAN CENTER, and MANITO LIFE CENTER, their agents, servants, employees, shareholders, officers, directors, representatives, lessors, successors and assigns from any claim, cause of action, suit, damage, liability, cost or expense whatsoever, whether riding in law, equity, or otherwise, from any activity or use or presence upon the property of M. LISA SCHADT and/or CHINQUALIPPA, INC., d/b/a MANITO EQUESTRIAN CENTER, or MANITO LIFE CENTER. I further agree to indemnify and hold harmless M. LISA SCHADT and CHINQUALIPPA, INC., d/b/a MANITO EQUESTRIAN CENTER and MANITO LIFE CENTER from any and all such claims, causes of action, suits, damages, liability, cost or expense whatsoever, whether arising in law, equity or otherwise.

I understand and acknowledge that:

(a) guests are permitted on the premises only upon arrival of a trainer, or an officer of Chinqualippa, Inc. d/b/a Manito Equestrian Center and I take full responsibility for any such guest. Unqualified riders, or unsupervised guests are not permitted to ride, and no guests are to ride without express permission of the trainer. Approved safety helmets and appropriate footwear are required when mounted.

(b) I have inspected the premises and am satisfied with the condition of the premises. If I discover a condition which I believe to be hazardous, or become dissatisfied with the condition of the premises, I will promptly notify a trainer, or an officer of Chinqualippa, Inc. d/b/a Manito Equestrian Center, of such condition or dissatisfaction. If such condition or dissatisfaction results in my termination of the use of the premises, then my sole remedy shall be to terminate any agreements I entered into with a trainer, or an officer of Chinqualippa, Inc., d/b/a Manito Equestrian Center.

(c) I assume all responsibility for any personal property placed on the premises by me.

(d) I must comply with such rules and regulations of a trainer or Chinqualippa, Inc. d/b/a Manito Equestrian Center. I acknowledge that smoking is not permitted in or near any barns or dry areas.

(e) Any products offered or sold at Manito Equestrian Center are not manufactured by Chinqualippa, Inc. d/b/a Manito Equestrian Center or Manito Life Center or M. Lisa Schadt and therefore I release and discharge Chinqualippa, Inc. d/b/a Manito Equestrian Center, M. Lisa Schadt, Manito Life Center their agents, servants, employees, shareholders, officers, directors, representatives, lessors, successors or assigns from any claim, cause of action, suit, damage, liability, cost or expense whatsoever, whether arising in law, equity or otherwise from my purchase or use of said items.

I understand that twenty-four hour notice of cancellation is required for all lessons or services, and that without this notice, the full lesson or service fee is required.

I understand that fees for lessons and related equestrian supplies and services are due and payable upon receipt of said services or items. Any account that remains unpaid shall be subject to interest at the rate of 1.50% per month. In the event customer fails to pay his/her obligation under this contract, and the matter is forwarded to legal counsel for collection, then in addition to all sums due hereunder, customer agrees to pay all counsel expended in the collection of this account.

For signers under 18:

If the signer of this Agreement is under 18 years of age, signature of the parent and/or guardian of the signer is required.

Please list name(s) of all parents/guardians. When possible, please have two parents sign this form.

Signature: _____

date: _____

Signature: _____

date: _____

Address: _____
(with zip) _____

Address: _____
(with zip) _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____