



Continuing Release, Indemnity and Consent Agreement

Hunters Edge Stables, Inc. (“HES”) operates at many different venues, including but not limited to stables, training rings, horse transportation, pastures, fields, trails and various show grounds. HES and its guests have a limited right to use said facilities in accordance with facilities’ rules and regulations. As such, the risk of any entry is at the risk of the person or parties so entering, and entering other than as expressly permitted shall be an uninvited entry at the sole risk of the person or parties entering said establishment. This Continuing Release, Indemnity and Consent Agreement each apply to any HES activities or their Affiliates (as defined below).

For and in consideration of HES, a Mississippi Corporation, granting the undersigned permission to participate in activities by or in conjunction with HES, whether on or off HES premises, the undersigned hereby assumes any and all risk of loss or injury to the undersigned’s person and/or property, whether anticipated or unanticipated, caused directly or indirectly by any act, omission or negligence of HES, and/or its owners, shareholders, directors, managers, employees, agents, independent contractors, vendors, servants, volunteers (“Affiliates”) or otherwise, arising from such entry upon HES’s premises and/or the undersigned’s participation in any activities, including equestrian activities, wherever located, that involve HES or its Affiliates.

The undersigned further agrees to indemnify HES and its Affiliates and to hold same harmless from any and all claims, demands, actions, expenses, or liabilities (including HES’s attorney’s fees and court costs) for any injury or damage to the undersigned and/or participation in activities, and/or arising out of any acts or acts of anyone and any animal and whether or not due to the act or omission or negligence of HES, or any person, property or entity connected to entity or its Affiliates, whether or not such act, omission or negligence is within the undersigned’s control.

The undersigned acknowledges receipt of and will abide by HES Rules which may be amended from time to time at the sole discretion of HES. All Rider Information and Horse Information provided by the undersigned is true, accurate and complete. The undersigned acknowledges his or her obligation to keep such information current and to inform HES of all changes or updates in writing.

The undersigned acknowledges that equestrian activities such as horseback riding, horse care and maintenance, transportation and animal facilities contain inherent risks of injury and damage to the undersigned personally, the undersigned’s property and their animals. Based upon such knowledge and in consideration of HES allowing the undersigned to enter onto various premises and/or to participate in activities, the undersigned hereby, for myself, my heirs, executors and administrators waive, release and hold harmless HES and its Affiliates from any and all right claims or liability for damages or injuries that

Hunters Edge Stables, Inc. 8998 Forest Hill-Irene Rd, Olive Branch, MS 38654

might be sustained by the undersigned or from any and all claims of any kind or nature that the undersigned might have as a result of, or arising out of the undersigned's participation or presence, whether caused by the undersigned's own act or the acts of anyone or any animal within the undersigned's control. Further, the undersigned certifies that he/she/it has no known medical condition that precludes participation in equestrian or other barn or farm activities.

Under Mississippi law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Mississippi Code Annotated, Title 95, Chapter 11.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT I HAVE READ THE FOREGOING PARAGRAPHS, KNOW AND UNDERSTAND THE CONTENTS THEREOF AND AGREE TO ABIDE BY THIS AGREEMENT, HES RULES AND ALL OTHER REQUIREMENTS OF HES:

Signature: _____ Date: _____

MINORS: The undersigned declares that the undersigned is the parent or legal guardian of the minor named below. The undersigned has read the foregoing Release, Indemnity and Consent Agreement and in consideration of HES allowing such minor entry onto its leased premises and allowing such minor to participate in activities hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD: HES is hereby authorized to obtain any and all medical treatment HES deems reasonably necessary for my minor child/children. Parent/Guardian agrees to bear any and all costs connected therewith. HES shall not incur any financial liability for medical treatment obtained pursuant to this authorization.

The undersigned declares under penalty of perjury under the laws of the State of Tennessee that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

Signature: _____

Please print names of:

Minor: _____

Parent/Guardian: _____