## PLEASE READ CAREFULLY BEFORE SIGNING SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY BLACKSTONE STABLES LLC , SARAH TEMPLIN AND ELLESSE SCHWARTZ-FLEMING DO NOT GUARANTEE YOUR SAFETY

A.REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and parent or legal guardian thereof if a minor, (10 hereby voluntarily request and agree to participate in riding instruction as a student at Blackstone Stables LLC/Sarah Templin/Ellesse Schwartz-Fleming, and that this student will either ride his/her own horse/pony or school horse/pony provided by Blackstone Stables LLC/Sarah Templin/Ellesse Schwartz-Fleming for instructional purposes, today and on all future dates.

RIDER NAME:	AGE	WEIGHT	RIDING EXPERIENCE: (check one)		
		B	Geginner (Under 10 hrs) Over 10 Hours		

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me the registered student, and the parents or legal guardians, therefore if a minor, my heirs, estate, assigns, including all minor children, and personal representatives and it shall be interpreted according to the laws of Michigan. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSEBACK RIDING" herein shall refer to the riding or otherwise handling of horses, whether from the ground or mounted. The terms "STUDENT" and or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY", shall herein refer to the above registered student rider and the parents or legal guardians, therefore if a minor.
- C. ACTIVITY RISK CLASSIFICATION: I understand that Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. NATURE OF BLACKSTONE STABLES LLC SCHOOL HORSES: I understand that Blackstone Stables LLC/Sarah Templin/Ellesse Schwartz-Fleming chooses its school horses for their favorable dispositions and sound basic training as is required for STUDENT RIDERS and Blackstone Stables LLC/Sarah Templin/Ellesse Schwartz-Fleming rigid safety standards. Yet, no riding horse/pony is completely a safe horse/pony. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If rider falls from a horse/pony to the ground, it will generally be at a distance of 3.5 to 5.5 feet and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human), tries to impose its will on and become one unit of movement with another, much larger, stronger prey animal with a mind of its own training and act according to its natural survival instincts, which may include, but not limited to, stopping short, changing directions or speed at will, shifting its weight, rearing, bucking, kicking, biting or running from danger.
- E. RIDER RESPONSIBILITY: I understand that upon mounting a horse/pony and taking the reins, the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced and calm aboard the moving animal. I agree that the rider shall be responsible for his/her own safety.
- F. CONDITIONS OF NATURE: I understand that Blackstone Stables LLC/Sarah Templin/Ellesse Schwartz-Fleming is NOT responsible for total or partial acts, occurrences or elements of nature that may scare a horse/pony, cause it to fall or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild or domestic animals, insects, reptiles, which may walk, run, fly near or bite/sting the horse/pony or rider. Irregular footing in and out of doors, groomed or wild land, which is subject to constant change in condition due to use and according to weather, temperature, and natural and manmade changes in landscape.

G.				L LOOSING: I understan n during riding. If a rider n	•		tor as quickly as
	possib	le so action	n can be taken	to avoid slippage of saddle	and potential fall from the	ie animal.	
Н.	ACCIDENT/MEDICAL INSURANCE: I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall be liable to pay for all such incurred expenses. My accident/medinsurance company is and my group number is						ccident/medical
			and m	y policy number is			
	Stables protect dismou	LLC/Sarative headge	ah Templin/E ar (equestrian : otherwise bei	WARNING: I agree that I allesse Schwartz-Fleming triding helmet), and do under around horses, may press the result of a fall or other	hat I should purchase and rstand that wearing of suc- vent or reduce the severit	nd wear properly fitt h headgear while mou	ting certified anting, riding,
J.	farm/ when Blacks and is LLC/ their I LLC/ includ	participations stable not responsarah Tempoctor att Sarah Sa	ool is NOT an ang in horse ac es LLC/Sarah ensible for any plin/Ellesse Sc esting to their plin/Ellesse Sc occasioned by a	that Blackstone Stables allergy free environment activities or viewing such activities or viewing such activities of viewing such activities of viewing such activities of viewing requires the medical fitness to ride activities. Fleming and its enan allergic reaction and the bles LLC is not responsible	nd that natural allergens at tivities at a horse farm/r. z-Fleming does not contr- gens which may occur. I hat riding students who use and will provide same. I aployees are not trained to Fire Department is appro-	re part of the inherentiding school. I also used the food brought of understand that Black inhalers or epi-pens gunderstand that Black responds to any medoximately ten minutes	t risks assumed inderstand that on its premises ckstone Stables get a letter from ckstone Stables lical emergency away. I further
K.	allowing there Flemi liability further willfur Blacks any examinor Tempor in	ng my part of a minor ng, its own y due to l er agree that l negligence stone Stabl conomic ar child or le lin/Ellesse the care co	icipation in the c, do agree to hers, agents, er Blackstone Statt, except in the I, I shall bring es LLC/Sarah and non-econorgal ward in rel Schwartz-Flem astody and constant of the control of the cont	consideration of Blackstor is activity, under the terms hold harmless and release imployees, officers, member ables LLC/Sarah Templin, we event Blackstone Stable no claims, demands, action Templin/Ellesse Schwartz mic losses due to bodily in ation to the premises and or ing, to include while riding attrol of Blackstone Stables into this matter will be substituted in the stables in this matter will be substituted in the stables in the sta	set forth herein, I, the ride Blackstone Stables LLC/ rs, premises owners and Ellesse Schwartz-Flemin s LLC/Sarah Templin/El as and causes of action, an Fleming and its associate flury, death, property dam reperations of Blackstone S a handling, or otherwise b as LLC/Sarah Templin/El	er and the parent or lee /Sarah Templin/Elles affiliated organization ag ordinary Negligent ellesse Schwartz-Flemind/or litigation against as as stated above in the mage, sustained by mestables LLC/Sarah being near horse/ponillesse Schwartz-Flemi	egal guardian, use Schwartz- ns from legal ce, and I (10 ng gross and the constant of the cons
ALL RIE	DER'S, F	PARENTS (	OR LEGAL GU	JARDIANS MUST SIGN BE	ELOW AFTER READING	THIS ENTIRE DOCU	JMENT.
				SIGNER STATEMENT (	OF AWARENESS		
RELEAS	SE AND	ASSUMP'	TION OF RISK	AD AND DO UNDERSTAN I/WE FURTHER A TEST E AND AGE ARE TRUE AN	THAT ALL FACTS RELA		
SIGNA	TURE	OF PAR	ENTLEGAL	GUARDIAN (IF UNDE	CR 18) OR RIDER	DATE	_
					PLEAS	E PRINT RIDER'S	S NAME
							STREET
ADDRI	ESS	CITY	STATE	ZIP			HOME
NUMB	ER	WORK	NUMBER	CELL NUMBER			1101111