



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK

I am aware that horseback riding is an athletic activity which poses a risk of serious injury to participants. I recognize that there are certain hazards inherent in the operation of a stable. I understand that my horse, my invitees or family members (collectively, "Guests") or I may be injured because of the nature of the activity in which I will be engaged. I further understand that horses, even the most well trained, are often unpredictable and difficult to control. I am voluntarily participating in this activity with full knowledge of these risks and hazards.

\_\_\_ Initial

I also am aware that the Royal Salute property located at 28840 North 53<sup>rd</sup> Street in Cave Creek, Arizona ("the Property") is not located in an urban area. In addition to horses, other animals, including dogs, cats, ducks, chickens, pot belly pigs, goats, sheep, snakes and wild animals, may be present on the Property. I am aware that a desert environment may feature rough, uneven terrain, rocks and dangerous plants. I am voluntarily participating in this activity with full knowledge of these risks and hazards.

\_\_\_ Initial

With full knowledge and appreciation of the conditions described above and in consideration of the right to engage in activities on the Property, I hereby release, discharge and acquit Jackie Alkin, Royal Salute, and their respective officers, directors, shareholders, partners, trustees, contractors, employees, agents, successors and assigns (hereinafter referred to as the "Released Parties") from any and all liabilities, claims, demands, rights, suits, damages, costs and expenses of any nature whatsoever for any loss, damage (including property damage) or injury (including death) that may occur or be sustained by me or my property arising from any cause whatsoever.(collectively, "Claims") while in, on or en route to or from the Property, or while horseback riding, whether on or off the Property, including without limitations Claims arising out of the negligence, gross negligence or the breach of any duty whatsoever (whether express or implied) of the Released Parties to me.

\_\_\_ Initial

I fully understand that my signing this Release, for myself and/or as parent or guardian of the minor(s) identified below, is a contractual prerequisite to using the Property by me and/or the minor(s). I understand that I am under no compulsion, economic or otherwise, to use the Property or to sign this Release. This Release is binding upon me and my spouse, parents, children, trustees, legal representatives, heirs, successors and assigns, and shall inure to the benefit of the Released Parties.

\_\_\_ Initial

By signing this release, I understand that I have released any liability and waived any rights I might have or that might subsequently arise or occur against the Released Parties, and I do so knowingly and voluntarily. I covenant that I shall not now or at any time in the future, directly or indirectly, commence, prosecute or participate in any action, suit or other

**28440 North 53<sup>rd</sup> Street Cave Creek, AZ 85331**  
**480-585-5950 (home) - 480-585-6318 (barn) - 602-989-5527 (cell) - 602-923-7098 (fax)**  
**e-mail: [info@royalsaluteaz.com](mailto:info@royalsaluteaz.com) or visit our website [www.royalsaluteaz.com](http://www.royalsaluteaz.com)**

proceeding against any of the Released Parties concerning, arising out of, or in any way related to the Property, or my activities or any Claims with respect thereto.

\_\_\_\_ Initial

Dated \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_  
(if a minor, parent or guardian should sign below)

**PARENT OR GUARDIAN RELEASE AND WAIVER**

I am the parent or guardian of \_\_\_\_\_, a minor, and on the minor's behalf, and on my behalf and on behalf of all other parents, guardians, trustees, successors and assigns of the minor. I authorize any emergency medical care which may be necessary.

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_  
Parent or Guardian