



## GENERAL RELEASE & LIABILITY WAIVER

I understand that I have been admitted as a guest of Cates Ventures, Inc. dba Paul Cates Stable ( the "Stable") based in material part on this General Release and Waiver. I have been fully informed of the nature of the Stable's activities and the physical dangers therein. As a guest of the Stable I intend to and will engage in dangerous physical activities and classes on the Stable's premises. I understand that these physical activities involve certain risks and exposure to personal injury, which risks and exposure I voluntarily assume for myself and any member of my family, including family who visit the Stable. I hereby acknowledge the inherent risks involved in riding and working in close proximity to horses among other risks, and I further acknowledge that both horse and rider can be injured in normal use or in competition and schooling.

I fully understand that horseback riding and trail riding (which includes riding over fences and other obstacles, and steep and rough terrain) are VERY dangerous activities. I fully understand that riding is a very dangerous activity with many inherent risks including (i) The propensity of an equine to behave in dangerous and unpredictable ways which may result in injury to the rider, trainer, groom and handler. (ii) The inability to predict and equine's reaction to sound, movements, objects, persons or animals, (iii) Hazards of surface or subsurface conditions and riding over unknown terrain where hazards may be hidden by vegetation or development. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to me and/ or my property.

In Consideration for the privilege of riding and working around horses at the Stable, I do hereby agree to hold harmless and indemnify the Stable and further release them from any liability or responsibility for accident, damage , injury, illness or death while on the premises of the Stable or while participating of off premises activities with the Stable, including Horse Shows, Events, Exhibitions, and any other activities that include the Stable, the Stable's staff or the Stable's horses.

In Consideration of mutual covenants contained herein and other good and valuable consideration, including us of the Stable's facilities and the admission of my family including children, the receipt and sufficiency of which is hereby acknowledged, I hereby release in full and forever discharge the Stable, its Directors, Officers, Shareholders, Agents and Employees, and all other members of my family, our Representative Heirs, Executors, Administrators and Personal Representatives, from any and all injury, liability, damages, claims, demands, and/or causes of action relating to or deriving from any injury tome or any member of my family, including children, during or arising out of the use of the Stable facilities or participation on any Stable event (e.g. classes, seminar, camp, etc.) including all risk connected therewith, whether foreseen or unforeseen.

I also agree that if anyone makes a claim because of injury to me ( including death), or for any damage to my property, I will keep those released by this agreement free of any damages or costs because of those claims, Furthermore, my signature hereby also indicates my agreement to wear a hard hat at all times while riding at the Stable as long as I am under the age of 18.

Furthermore, by signing this agreement, I and all parties aforementioned, also agree that any and all claims, disputes or controversy shall be exclusively resolved by first trying to settle by mediation, failing which, the settlement of the dispute shall be by binding arbitration under the Texas Alternative Dispute Resolutions Act.

I also agree that this agreement as well as any and all actions resulting from my participation or interaction with the Stable shall be governed exclusively by Texas State Law.

Print Name (Participant): \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name (Parent/Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature (Participant/Parent/Guardian): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

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Paul Cates, Manager