L. & L. GUIDE AND OUTFITTERS

| Date of | Signatures: | |
|---------|-------------|--|
| | | |

Post Office Box 354, Quincy, CA 95971 (530)283-0844

RELEASE OF LIABILITY - ACCEPTANCE OF LIABILITY:

| Name of activity: | |
|--|--------------------------------|
| Name of participant: | |
| Date of Birth: | Age: |
| Mailing address: | |
| Home phone Number: () | Alternative Number: () |
| Name of parent(s) with legal custody/legal guar | dian of participant: |
| Mailing address (if different from participant): | |
| Family Doctor: () | Telephone Number: () |
| All allergies or medical conditions we should be | e aware of, (please describe): |
| | |

AGREEMENT, WAIVER AND RELEASE:

In consideration for being permitted by the above entitled entities to participate in the above stated activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter secure to me as the result of my participation in said activity. This release is intended to discharge in advance the L. & L. Guide and Outfitters, Oakland Camp Feather River (it s officers, employees and agents) from any and all liability arising out of or connected in any way with any participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entitles mentioned above. It is understood that this activity involves an element of risk and danger of accidents; and, knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entitles free and harmless from any loss, liability, damage, costs or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. It is understood that all participants under the age of 10 years will wear A.S.T.M. approved helmets provided by the above stated persons/entity. For participants over the age of 10 years the helmets will be offer and made available at participants request.

PARENTAL CONSENT: (for a participant under 18 years of age) I hereby consent that my child,

, may participate in

the above stated activity, and I hereby execute the above agreement, waiver and participate in the above stated activity, and I hereby execute the above agreement, waiver and release on his/her behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expenses which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE PERSON/ENTITY, AND I SIGN IT OF MY FREE WILL.

Continued from Page 1.... Signature of participant: Print name of signed above: Signature of parent(s) with legal custody / legal guardian(s) of participant: Print name(s) as signed above: Name and address of person to contact in case of emergency and I can not be reached: SAFETY CLASS: (I understand that an equestrian safety training program will be given by the above named person/entity during the Horse and Tack fitting program Thursday evening of my 4-day trip.) Signature of participant: Print name as signed above: PHOTO RELEASE FORM understand that by signing this release form I am granting Terry Howard (DBA L & L Guide & Outfitters Service) and Associated Entity's permission to use my and/or my children's image(s) in Advertising, Promotions, Fundraising, and Website, etc... Adult Signature Child's Name

Child's Name

Child's Name

Guardian Signature:

Date: