ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

I, _____, hereby acknowledge my desire and intention to participate in horseback riding, trainer instructed riding lessons and other activities conducted by/at Grace Valley Stables LLC, 14558 CR 36, Kennard, NE 68034.

I am a guest of: _____

I fully understand that the following activities, but not limited to, horseback riding, trail riding, riding lessons, warm-up riding, lunging, leading, handling and grooming of horses are very dangerous. I wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury, including death to myself, death to minors in my care and injury and/or damage to my personal property.

I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE GRACE VALLEY STABLES LLC, SIDEWAYS SAGUARO LLC or any other affiliated entity, or their respective manager(s), member(s), officers, director, agent, trainers and employees (hence-forth known as the "Releasees") from all liability to me, my respective personal representatives, assigns, heirs and next-of-kin from any and all claims, demands, losses or damages on account of any injury, including but not limited to, death, or injury caused or alleged to be caused, in whole or in part, by the Releasees.

I have read this Assumption of Risk, Release of Waiver Liability and Covenant Not to Sue, and understand by signing this form, that I give up substantial rights that I would have otherwise have to recover damages for loss occasioned by the Releasees' fault and sign it voluntarily and without inducement.

_____ _____

Signature of Participant: **Date:**

WARNING: Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253.

Parental Consent for Minor (a minor being any person 19 years of age or less)-
I sign this Agreement on my own behalf and on behalf of my/any child or children in my care, custody or supervision.

I have read the above Parental Consent, for Minor and the Assumption of Risk, Release and Waiver of Liability and Covenant Not to Sue, and certify as a parent or legal guardian for each child named below, I acknowledge, agree and understand by signing this form, that I give up substantial rights that I or my child, or any children in my care, control and/or supervision, would otherwise have to recover damages for loss occasioned by the Releasees' fault, and sign it voluntarily and without inducement. I, for myself, my spouse (if any), and each child named below, also release and hold harmless the Releasees from any and all liability arising from such child's participation.

_____

Name of Child: **Age:**

_____

Name of Child: **Age:**

_____

Name of Child: **Age:**

_____

Name of Child: **Age:**

_____

Name of Child: **Age:**

_____ _____

Signature of Parent or Legal Guardian: **Date:**