

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016

Rider’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Responsible Party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The undersigned and or responsible party has been informed of the nature of the activities in which the participant will be participating and knows of no mental or physical condition that would prevent the participant from safely participating in the activities at Jim a Dee Ranch and Jim a Dee LLC.

The undersigned (and parent/guardian/responsible party of rider if a minor) consents to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to the rider or handler under the instructions of any physician or hospital. It is understood that this consent is given in the absence of any diagnosis or treatment that may be required. It is given to enable Jim a Dee Ranch, Jim a Dee LLC, its employees, agents, independent contractors, and hospital staff and physicians, to exercise the best judgment as to the necessity for the requirements of diagnosis and treatment. The undersigned (or parent/guardian of the rider or responsible party if a minor) shall pay all fees for doctors, hospitals, ambulances and other medical charges incurred.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), 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.

The undersigned assumes all responsibilities and risk from the use of riding horses at Jim a Dee Ranch and adjacent bridle trails (the “Premises”). The undersigned further agrees to indemnify, hold harmless and defend Jim a Dee Ranch, Jim a Dee LLC and employees, agents, independent contractors, officers, members of boards of executors, administrators, and personal representatives, from all actions, any and all manner of claims, demands, causes of action or suits, including but not limited to claims and suits for bodily injuries that undersigned had, might now have or that might subsequently accrue to undersigned by reason of, or in any way directly or indirectly, connected with, or arising out of use, handling or riding of horses at the Premises by the undersigned.

For the same consideration, the undersigned further agrees not to make any claims or undertake any proceedings against Jim a Dee Ranch or Jim a Dee LLC or any other person or entity which may claim contribution or indemnity under the provisions of any statute or otherwise.

I have read and understand the rules of Jim a Dee Ranch and understand that they may change from time to time. I agree to comply with such rules as they may be amended. I understand that there are risks involved in the use of the facilities and I assume the risk and waive any and all specific notice of existence of such conditions.

Date: Signature:

If the above is a minor, complete the following: On behalf of the above named minor, I waive and release all claims for damage or loss to person or property which may be caused by an unreasonable act or failure to act of the Indemnities named above. I understand that there are risks involved in the use of the Premises and I assume that risk of all conditions in and about said facility for myself and the above named minor and waive any and all named above, third parties, or said Indemnities caused by the use, handling, or riding of horses at Jim a Dee Ranch and adjacent bridle trails by the above named minor.

Date: Signature: Relationahip:

Jim A Dee Ranch Procedures and Rules

Name of Rider:

Print Full Name

1. All riders age 18 and younger must wear helmets. Helmets are provided if needed.
2. Only one person per horse.
3. Riders will be assigned lesson or trail horses by the Owner, Instructor, Manager or Trail Boss, if they do not have their own.
4. No cell phones or PDAs allowed while on or near a horse.
5. We will not allow obviously intoxicated guests to come near or ride horses.
6. Be considerate of running and trotting horses around beginners.
7. Riders must have closed toe shoes that cover the foot. Boots and lace up shoes are preferred.
8. Jim a Dee Ranch reserves the right to refuse service to anyone.
9. Parent or legal guardian must be present to sign waiver for all children 18 and younger.
10. Riders must sign the medical history and release of claims waiver and understand all rules and the Texas State Law, Chapter 87, Civil and Remedies Code (“An equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities”).
11. ]All horses, and staff must be treated with care and respect. Abuse of any kind will not be tolerated. Jim a Dee Ranch reserves the right to end the ride at any time if a participant appears to have lost control of his or her emotions or animals.

The following will not be tolerated at any time: Smoking or open flames, Firearms, Running or excessive noise, Unsupervised children, Foul or abusive language or conduct, Cell Phones or PDAs

1. The parties agree that for the purpose of this agreement, signatures sent or received by facsimile transmission will be considered as enforceable and valid as original signature by the party signing. The effective date of communications between the parties will be determined by the date of the facsimile or email date and time stamp on the signature page.

I, the undersigned, have read and fully understand the rules of Jim a Dee Ranch and Jim a Dee LLC.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

**Photo Release Jim a Dee Ranch and Jim a Dee LLC**

Sanger, Texas, 76226

**Permission to Use Photographs taken at Jim a Dee Ranch in Sanger Texas**

I grant to Jim a Dee Ranch, Jim a Dee LLC, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Jim a Dee Ranch and Jim a Dee LLC its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Jim a Dee Ranch and Jim a Dee LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if under age 18)