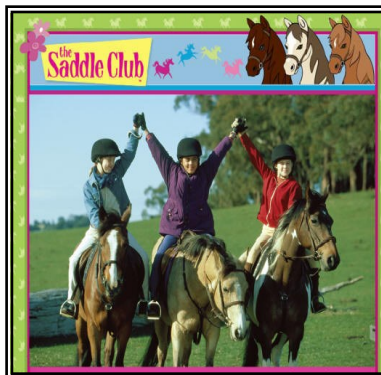


Welcome to:

Pine Hollow Ranch



Pine Hollow Ranch
Owners: Clint & Gerilynn Sharp
Daughters: Sandy Rhodes and Candra Crofts
208-369-3827 Gerilynn 208-369-1066 Clint
Facebook: Pine Hollow Ranch & Geri Sharp
Email: pinehollowranch.com@gmail.com
1445 Heartland Ln. Emmett Idaho 83617

Horse Camps & Saddle Club!



Child is
assigned to:

Required Participant

Information

Student Name: _____ AGE: _____ Date: _____

Parents name: Mother: _____ Phone Cell # _____ Work # _____

Father: _____ Phone Cell # _____ Work # _____

Address: _____
(Street) (City) (State) (Zip Code)

Email: _____ Facebook name: _____

EXTRA Emergency Contact: _____ (Name) _____ (Phone) _____ (relationship) _____

Medical

ANY Medical Conditions: _____

We do ALL kind of food treats, does your child have any **Allergies:** _____ ANY

Physical Limitations: _____

Riding Experience

Experience with horses: _____ (yrs) _____ times your child has rode a horse.

Are you interested in Horse Showing of any kind? _____.

Your Child(ren) will be watching "Horse Movies" that have different ratings from G-PG13 or NR. We use the information in the movies to Teach about Horses and Safety & also friendships, although we want you to be aware that there are traumatic horse events in some of the movies.

I understand that photos will be taken from Owners/guest/friends/participants ect. These photos may be posted online and photos may be used for advertising our Pine Hollow Ranch facility.

Parent Signature: _____ Date: _____

Please take a photo copy if you choose to have a receipt

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Clint & Gerilynn Sharp, Pine Hollow Ranch (LLC)

This form must be signed by everyone before riding or around any horses originating upon property owned by Gerilynn & Clint Sharp. Adults must sign for minors.

PARENTS: Please supervise young children at all times! DO NOT LET THEM WANDER AROUND!

I and/or my family understand that the activity of horseback riding involves numerous risks of injury that are my own responsibility, and I assume these risks, including, but not limited to, death, bodily injury, kicks, bites, loss of control, falling, collisions, obstacles, unavailability of emergency medical care and property damage whether they are obvious or not obvious.

I and/or my family further understand that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times, based upon instinct or fright, which is an inherent risk that I assume by participating in horse back riding activities. I understand that I may encounter variations in terrain that are my responsibility and I assume these risks, including creeks, water, bridges, vehicles, wild animals, bees, wasps, loose dogs, debris, rocks, cliffs, vegetative growth and other obstacles, whether they are obvious or non obvious man-made or natural.

I and/or my family agree to defend, indemnify, and hold harmless Pine Hollow Ranch, Owners Clint & Gerilynn Sharp and or their family, its shareholders, directors, officers, employees, staff, volunteers, agents, and any person or agency over whose land horseback riding activities may be conducted for any injury or death caused by or resulting from participation in the activity of horseback riding, whether or not such injury was caused by their negligence, from my own negligence or any other cause.

I AND/OR MY FAMILY/FRIENDS AGREE THAT ANY ACTION INVOLVING Clint or Gerilynn Sharp., ITS HELPERS, SHAREHOLDERS, DIRECTORS, OFFICERS, Managers, EMPLOYEES, AGENTS ARISING UNDER THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION IN ACCORDANCE WITH THE UNIFORM ARBITRATION ACT. ARBITRATIONS SHALL BE CONDUCTED UNDER THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION. YOU AGREE TO BE BOUND BY THE RESULTS OF ANY SUCH ARBITRATION AND YOU EXPRESSLY WAIVE ALL RIGHTS, IF ANY, TO APPEAL.

This Assumption of Risk and Release of Liability Agreement shall be governed by Idaho law and any court disputes arising hereunder shall be resolved in Idaho. Under Idaho Law, an equine activity sponsor or an equine professional shall not be liable for any injury to or the death of a participant or equine engaged in an equine activity except in very limited situations. There are 3 signs visibly located on the property that provide this information.

I understand that photos will be taken from Owners/guest/friends/participants ect. These photos may be posted online and photos may be used for advertising our Pine Hollow Ranch facility.

I and/or my family have carefully read this agreement and fully understand its contents.

I and/or my family agree to abide by all rules and regulations

Riders: 1- _____ 2- _____ 3- _____ 4- _____

5- _____ 6- _____ 7- _____ 8- _____

Print Name of Parent(s) or Guardian: (If rider is a minor) 1- _____ 2- _____

3- _____ 4- _____ 5- _____ 6- _____

7- _____ 8- _____

Signatures of ALL Adults/Guardians/Parents: 1- _____ 2- _____

3- _____ 4- _____ 5- _____ 6- _____

7- _____ 8- _____

Date: _____

Please take a photo copy if you choose to have a receipt

If you are not available

**AUTHORIZATION TO OBTAIN MEDICAL
TREATMENT FOR MINOR CHILD**

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Pine Hollow Ranch Staff hereinafter referred to as "Management," and _____, hereinafter referred to as "Parent."

Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren):

Print of Parent/Guardian: _____ Date: _____

Contact numbers:

_____ Phone: (____) _____ - _____

_____ Phone: (____) _____ - _____

Signature of Parent/Guardian _____ Date: _____

| |
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| <p>Pine Hollow Ranch Owners: Clint & Gerilynn Sharp Staff: Sandy Rhodes and Candra Crofts 208-369-3827 Gerilynn, 369-1066 Clint Facebook: Pine Hollow Ranch Email: pinehollowranch.com@gmail.com 2170 Waterwheel Rd. (1445 Heartland Ln) Emmett Idaho</p> |
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Please take a photo copy if you choose to have a receipt

Equine Helmet
Waiver of Liability
Pine Hollow Ranch (LLC)
Owners: Clint & Gerilynn Sharp

I am aware that wearing a certified safety helmet is a good preventative measure against head injury. It is the parents obligation to assure their child wears a helmet.

Equine Helmet Waiver of Liability (Required for any rider age 17 years and under who participates in equine activities at the Pine Hollow Ranch property) I understand that Pine Hollow Ranch has adopted a policy requiring the use of equine industry standard helmets at all activities conducted on site. To the extent that I choose to not wear such a helmet when I ride, or to the extent I authorize my child to ride without such a helmet, I hereby protect, defend, indemnify and hold harmless Pine Hollow Ranch, their officers, officials, volunteers, employees and agents, free and harmless from, and against, any and all losses, penalties, damages and liabilities of every kind and character arising out of or relating to any and all claims, obligations, actions, proceedings, liens or causes of action arising directly or indirectly out of my or my child's failure or refusal to wear such a helmet while participating in equine activities at Pine Hollow Ranch.

This release of liability is signed voluntarily and of my own free will this _____ day of _____, 20__.

Riders: _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

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Please take a photo copy if you choose to have a receipt