



EQUI-BEST EQUESTRIAN CENTER, LLC

82136 Hwy 437
Covington, LA 70433
985-893-4500

CONSENT, RELEASE, AND HOLD HARMLESS AGREEMENT

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation _____ in any and all activities prepared by Equibest Equestrian Center, LLC during the selected camp. In exchange for the acceptance of said child's candidacy by Equibest Equestrian Center, LLC., I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Equibest Equestrian Center, LLC . and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions. In case of injury to said child, I hereby waive all claims against Equibest Equestrian Center, LLC. including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Release and Hold Harmless Agreement

Whereas, the undersigned acknowledges the inherent risks involved in riding and working around horses, which includes bodily injury from using, riding, or being in close proximity to horses, among other risks and further, that both horse and rider can be injured in normal use in competition or schooling. In CONSIDERATION, therefore, for the privileged of riding and/or working around horses at Equi-Best Equestrian Center, the undersigned does agree to hold harmless and indemnify Equi-Best Equestrian Center, and hereby further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or any family member or spectator accompanying the Undersigned on the premises of Equi-Best Equestrian Center.

WARNING: UNDER LOUISIANA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONALS IS NOT LIABLE FOR AN INJURY TO OR TO THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO R.S. 9:2795.1. I further acknowledge and accept the provisions of the Louisiana Equine Activities Protection Act which protects equine activity sponsors or professionals from any liability for any injury to and death of a participant in equine activities resulting from the inherent risk of equine activities.

Photo Release Form Acknowledgement

I give my permission for my child or children to be photographed while attending said camp at Equibest Equestrian Center. These photos may be displayed on website, social media, and marketing collateral to promote Equibest Equestrian Center, LLC.

Medical Release and Authorization

As Parent and/or Guardian of the named rider _____, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Equibest Equestrian Center, LLC. and its affiliates including Directors, Trainers, and Counselors to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Rider/Camper Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____