



RELEASE AND INDEMNITY AGREEMENT

IN CONSIDERATION of the privilege to enter upon and enjoy the land/property under the control of Full Circle Horse Park, LLC, located at 5555 Wolf Creek Road (Co. Rd 27), Pell City, AL 35128, (hereinafter “Stable”), the undersigned hereby agrees as follows:

I _____, the undersigned, understand that I, or my minor child or ward with my consent, have voluntarily undertaken to engage in equestrian activities at the Stable.

I understand that Equestrian Activity, defined to include, but not limited to, riding, training, handling, grooming, care, trailering, and/or showing, involves numerous risks, including bodily injury or death resulting from but not limited to kicks and bites, falling off or being thrown off horses, loss of control, collisions with obstacles, vehicles or other objects, and property damage. I understand that a horse, irrespective of its training and usual past behavior and characteristics may act or react unexpectedly or unpredictably at times, and I voluntarily assume all risks associated with such behavior.

I hereby release Stable, its members, agents, employees, assigns, heirs, executors and administrators, any landowner, and/or affiliated organizations, from any and all claims, causes of action, demands, obligations and liabilities, whether presently existing, or which may in the future accrue, arising from my, and/or my minor child or ward’s, participation in Equestrian Activity, to the fullest extent allowed by Alabama law.

I further acknowledge the risks associated with the COVID-19 pandemic and agree to release, hold harmless and indemnify Stable , its members, agents, employees, assigns, heirs, executors and administrators, any landowner, and/or affiliated organizations for any and all risks of contracting COVID-19.

I further agree to indemnify and hold harmless Stable from each and every claim, demand, liability or obligation asserted by third parties who might be injured by the actions of the undersigned while the undersigned is engaged in Equestrian Activity whether on the premises or accompanying Stable affiliates and/or personnel off-site.

It is the intention of the undersigned and Stable that this Release and Indemnity Agreement be as broad and inclusive as is permitted by the laws of the State of Alabama, and if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

I understand and acknowledge that I have read and understand this Release and Indemnity Agreement and voluntarily signed with the intent to be legally bound.

I further acknowledge that I have read, understand and the following:

WARNING: Under Alabama law, an equine activity sponsor or 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 the Equine Activities Liability Protection Act.

Alabama Code § 6-5-337(1975).

I further consent and authorize Stable to arrange for emergency medical treatment and/or ambulance transport to a medical facility for me, and/or my minor child or ward if, in Stable’s sole discretion, I, and/or my minor child or ward are in need of such emergency medical treatment and/or transport. I agree to be the financially responsible party with respect to any such emergency medical treatment and/or transport and to indemnify and hold harmless Stable for any financial costs incurred in arranging such emergency medical treatment and/or transport.

Signature: _____ Date: _____

Printed Name: _____

Minor Child (If applicable): _____ Date of Birth: _____