

POOLE TRAINING CENTER RELEASE

I, _____, recognize that there are certain risks that are inherent in being in the presence of livestock and more specifically in riding, driving, and taking instruction on and with horses. I do here by personally assume all the special risk and responsibilities that go with this type of instruction. For and in consideration for allowing me to take horse back riding instruction or driving instruction or any riding or driving to take place on Poole Training Center property. I agree in any case to indemnify and hold harmless Poole Training Center, Blanchard Poole and Debbie Poole and any of their agents, representatives, employees, visitors or anyone else for any loss or damage to myself, child or any person with me while on or off the premises of Poole Training Center property. I agree that I will pay any costs and attorneys' fees to defend this indemnification against any claims, demands, actions, or legal action(s) arising out of any of the events described heretofore. I understand that there is no insurance protection provided to me in the event of injury and I waive all rights to make any claims against any party in the event of injury or death.

I understand and agree to pay all lesson fees at the time of service. I also agree to notify of any cancellation. Any lesson not canceled 24 hours prior to lesson time will be charged for the lesson. This should be paid at the next lesson or you will be billed. In the case that I don't, I agree to pay the lesson fee for any lesson that is not canceled in consideration that a horse has been prepared for me and someone has spent time waiting for my arrival.

Lesson Fees:

Debbie Poole
60 minute private \$50.00

Blanchard Poole 60 minute private \$50.00

When student is late for the lesson the full lesson fee is still owed and the lesson will stop on time. When the teacher is late the fee will be readjusted.

WARNING
 UNDER SOUTH CAROLINA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

I hereby bind myself and my heirs as to the terms contained herein and agree that this agreement shall apply to this or any future visits to Poole Training Center property.

SIGNATURE _____ DATE _____
 NAME _____ PH HOME _____
 PH WORK _____ FAX _____ E-Mail _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

Release involving a minor.....

MINOR'S NAME _____ BIRTH DATE _____

I, _____, am the parent and/or legal guardian of the above named individual, and I do hereby grant my permission for these equine activities and waiving any and all rights to make any claims for damages and expressly agree to be legally bound by the terms and conditions set for the above.

GUARDIAN/PARENT SIGNATURE _____ DATE _____

GUARDIAN/PARENT SIGNATURE _____ DATE _____