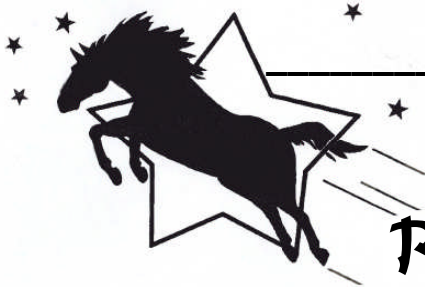


SADDLEBAG SANTA'S 3rd Annual TRAIL RIDE



Date of Ride



Release of Liability

Rising Star Equestrian Association, Inc.

I, the undersigned, wish to participate in the Trail Ride event on the above written date. I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the **Rising Star Equestrian Association, Inc.** allowing my participation in this event, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge **Rising Star Equestrian Association, Inc.**, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of **Rising Star Equestrian Association, Inc.** I shall not bring any claims, demands, legal actions or causes of action against **Rising Star Equestrian Association, Inc.** for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event.

Signature of Participant

Date

Signature of Parent or Guardian
(If participant is a minor. Under 18 years of age.)

Date

Entry Form for SADDLEBAG SANTA'S Trail Ride

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail _____