BAR 17 RANCH & ARENA WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

- 1. In consideration for my participation in all activities engaged in during my visit to Bar 17 Ranch & Arena and surrounding areas, I hereby release, waive, discharge and covenant not to sue Jack D. Linder, his family members, heirs, assigns, agents and employees (collectively referred to as "Releases") from any and all liability, claims, demands actions and causes of action whatsoever arising out of or related to any loss, demands, or injury, including death, that may be sustained by me or my family members, or to any property belonging to me, while participating in such activity.
- 2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems which would preclude or restrict me or my family member's participation in this activity. I am fully aware of risks and hazards connected with the activities at Bar 17 Ranch & Arena and I hereby elect to members and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or to property owned by me, as a result of being engaged in such activities.
- 3. Equine Activities: TEXAS WARNING: UNDER TEXAS LAW, (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) AN EQUINE ACTIVITY SPONSOR OR PROFESSIONAL SHALL NOT BE LIABLE FOR ANY INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. I acknowledge and agree that activities at the Arena Facility and surrounding areas are inherently dangerous and that serious injury or death can result from entry to the Arena Facility, adjacent facilities and/or participation in any recreational activities at the Ranch and/or the Arena Facility.
- 4. Me and my family members have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from our participation in the activities. I agree to indemnify and hold harmless Releases from any loss, liability, damages, costs, including court costs, attorneys' fees, and ambulance costs that may be incurred, due to my participation in said activities. In case of emergency, I give permission for emergency medical treatment.
- 5. It is my express intent that this Release and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.

WARNING

UNDER TEXAS LAW (TEX. CIV. PRAC. & REM. CODE 87.003) A "PERSON, INDLCUDING A FARM ANIMAL ACTIVITY SPONSOR, FARM AIMAL PROFESSIONAL, LIVESTOCK PRODUCER, LIVESTOCK SHOW PARTICIPANT OR LIVESTOCK SHOW SPONSOR, IS NOT LIABLE FOR PROPERTY DAMAGE OR DAMAGES ARISING FROM PERSONAL INJURY OR DEATH OF A PARTICIPANT IN A FARM ANIMALS ACTIVITY OF LIVESTOCK SHOE IF THE PROPERTY DAMAGE, INJURY OR DEATH RESULTS FROM THE DANGER OR CONDITIONS THAT ARE AN INHERENT RISK OF A FARM ANIMAL ACTIVITY OR THE SHOWING OF AN ANIMAL ON A COMPETIVITE BASIS IN A LIVESTOCK SHOW."

UNDER TEXAS LAW (TEX. CIVIL PRAC. & REM. CODE CHAPTER 75A) AGREEMENT AND WARNING: I UNDERSTAND AND ACKNOWLEDGE THAT AN AGRITOURISM ENTITY IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF AN AGRITOURISM PARTICIPANT RESULTING FROM AGRITOURISM ACTIVITIES. I UNDERSTAND THAT I HAVE ACCEPTED ALL RISK OF INJURY, ACTIVITIES.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily, no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I agree that this waiver will remain in force for the full calendar year, and therefore can apply to year.

Name of Participant:	
Signature of Participant:	
Parent/Guardian Signature:(Must be signed by parent/guardian if participant is unc	
Address:	
Phone:	E-mail:
Emergency Contact:	
Name:	Phone Number: