Willow Grove Farm Clydesdales LLC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK. AND INDEMNITY AGREEMENT

READ CAREFULLY BEFORE SIGNING

NAME (Please print clearly):

I agree to this agreement with Willow Grove Farm Clydesdales, LLC, a New Jersey limited liability company, (hereafter collectively referred to as "the Farm") as a condition for its allowing me to do any or all of the following at any time and at any location: be near horses, ponies, mules, or donkeys (hereafter referred to as "equines"); enter premises, land, facilities, barns, arenas, paddocks, and surrounding land where equines may be located; work with, handle and/or receive instruction or guidance related to handling, working with or working near equines; participate directly or indirectly in educational, therapeutic, and/or instructional activities that involve (directly or indirectly) equines; be near, handle, lead, work with, and/or maneuver equines at any time or location; use equine-related equipment or implements supplied by the Farm; and/or visit, meet, and/or work with professionals, therapists, specialists and/or other persons (who may or may not be affiliated with the equine industry or with the Farm). All of these activities, individually and collectively, will be referred to as "The Activities" throughout this document.

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|---|---|--|--|
| ADDRESS: | | | |
| PHONE: [Home] | [Work] | [Cell/Other] | _ |
| IT IS AGREED AS FOL | LOWS: | | |
| | | oday, I intend for it to be valid and binding to en I am preparing for, participating in, obser | • |
| 2. Consideration/Bin future. | ding Effect. I am signing this documen | t in consideration for being allowed to engag | e in any or all of The Activities, now and in the |
| unpredictable by nat back up quickly, or ru strike, or bite. I knov | ture. For example, when frightened, an un away from real or perceived danger v that equines can do these and other | or even near an equine at any location can s gry, or under stress, the natural instincts of a by trotting or galloping. Equines also have th things without warning. I also understand tha dangerous to people, equines, and other ani | on equine can be to jump forward or sideways se ability to kick, buck, rear up, spin around, at all equines, even if they have no history of |
| those dangers that a animal to behave in phenomena as soun ground conditions; d contribute to injury the participant's abil understand that the | are an integral part of equine animal ac ways that result in injury, harm, or dea ds, sudden movement and unfamiliar of d. Collisions with other equine animals to the participant or others, including be lity. I understand these risks and dange se are just some of the risks, and I agre | or with objects; and e. The potential of a par out not limited to failing to maintain control c rs that are inherent in equine-related activiti | nited to: a. The propensity of an equine of an equine animal's reaction to such natural hazards, such as surface or subsurface ticipant to act in a negligent manner that may over the equine animal or not acting within es, and I agree to assume all of them. I also ed in this document. I am NOT relying on the |
| inherent risks of equ and all other inherer themself within the | nine animal activities created by equine nt conditions. Each participant is assum limits of such ability to maintain contro ury of themself or others, loss or dama | animals, weather conditions, conditions of t | - |
| INITIAL HERE: | 4. WAIVER AND LIABILITY RELEA | SE: As consideration for being allowed to eng | gage in any or all of The Activities, now and in |

(b) I/we fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) against The Released Parties whether the claims are known, unknown, anticipated or unanticipated, and whether caused by their own ordinary negligence, a violation of a state Equine Activity Liability Act, or other legal liability resulting from or arising out of my/our engaging in The Activities at any time and at any location. The term "damages" means, for example, medical expenses any and all claims or losses because of bodily injuries, mental/emotional injuries, or property damages, death, expenses, and/or personal property damages. This document is intended to apply

the future and at any location, I (on behalf of myself and my spouse, heirs, representatives, and assigns) agree to each of the following:

that I may sustain as a result of engaging in any of The Activities at any time or at any location; and

(a) Willow Grove Farm Clydesdales LLC, a New Jersey limited liability company; Morghan Lake, Meghan Lake, individually and their respective members, managers, employees, agents, independent contractors, contractors, instructors, assigns, volunteers, representatives, affiliated persons, and others acting on their behalf (hereafter referred to collectively as "The Released Parties") shall not be liablefor any losses, injuries, or damages

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c.287 (C.5:15-1, et seq). 5. INDEMNIFICATION. To the fullest extent allowed by New Jersey law, I also agree to indemnify and hold harmless The Released Parties against any and all claims, demands, actions, liabilities, losses, or suits that are brought against The Released Parties (or either of them individually) that are in any way connected with my participation in any of the Activities at any time and at any location, including claims that allege acts or omissions of The Released Parties that are negligent or in violation of a state Equine Activity Liability Act. This indemnification shall also include reimbursement of reasonable attorney fees incurred by the Farm, The Released Parties, or by others on their behalf. 6. Emergencies. Person(s) to Contact in Case of Emergency: Relationship: Phone: Phone: 7. Independent Equine Professionals. I am aware that equine professionals (including, but not limited to, trainers, clinicians, and/or instructors) may occasionally do business at or near the location where The Activities take place. However, I understand that they have independent businesses and have no employment, partnership, joint venture, principal-agent or other similar arrangement with the Farm or any of the Released Parties. 8. New Jersey law applies to this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, and I agree that this document shall be enforced to the greatest extent permitted by law. If any clause should conflict with applicable law, only that clause will be null and void but the remainder of this document shall stay in full force and effect at all times. This document can only be modified in writing and signed by me (on behalf of the Farm). I agree to pay any attorney fees and costs for The Released Parties (or either of them) to enforce this Agreement, and I agree to indemnify and hold harmless The Released Parties for all such fees and costs. Any disputes that may arise under this document, or any activities that are undertaken pursuant to it, shall be litigated in a State or Federal Court of proper jurisdiction located in or nearest to Somerset County, New Jersey. 9. ALSO, I REPRESENT (please check and initial each box below): I AM AT OR OVER 18 YEARS OF AGE; • I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS THAT AFFECT MY ABILITY TO READ AND UNDERSTAND THIS DOCUMENT; • I HAVE READ THIS ENTIRE DOCUMENT (ALL THREE PAGES), AND I FULLY UNDERSTAND IT; • I INTEND FOR THIS DOCUMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE; • BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR IF PROPERTY IS DAMAGED BY MY PARTICIPATION IN ANY OR ALL OF THE ACTIVITIES, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO BRING A LAWSUIT AGAINST THE RELEASED PARTIES; AND • ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE. IF APPLICABLE: • I AM THE PARENT OR GUARDIAN OF THE RIDER WHO IS A MINOR. PARENT OR GUARDIAN IF RIDER IS A MINOR RIDER SIGNATURE: _____ Date: SIGNATURE: PRINT NAME HERE: PRINT NAME HERE: _____ ACCEPTED BY: Willow Grove Farm Clydesdales LLC, a New Jersey limited liability company BY:______ Date:

and be binding regardless of whether I/we am/are riding, driving, handling, or near equines. This document is intended to be valid and binding to the

fullest extent allowed under New Jersey law.

Morghan Lake and Meghan Lake, Members