



# SonRise Equestrian Foundation

## Participant Information & Application 2023

### Who is eligible for SonRise programs?

Any child between the ages of 4-18 who is facing a social, emotional, or physical challenge, qualifies for SonRise services.

Please continue below to see which program might be a good fit for your child, and note the waitlist times for each program. Even though we have waiting lists, we always encourage parents to apply for their child anyway, sometimes the waitlist moves a bit faster than we anticipate. The date we receive your child's application is the date that will hold their waitlist position.

\*Please note:\* Due to the capacity of our horses, we are currently unable to serve children who weigh over 180 lbs.

### What programs does SonRise offer and how long is the waitlist for each program?

**IN THE SADDLE** is a horseback riding program that partners one child, one Instructor, up to 3 other volunteers, and one horse for a 45-minute session. Lessons are personally tailored to accommodate the special needs of each child, in a safe environment. Lesson may include grooming and tacking the horse. The waitlist for In the Saddle is currently about six years.

**IN THE SADDLE JUNIOR** is a therapeutic riding program for children ages 4-6 with physical or developmental challenges. Sessions are personally tailored to accommodate the special needs of each child, partnering one child, one instructor, and one horse. The waitlist for In the Saddle Junior is currently about two years.

**TEAM EQUINE** is a working ranch program where children work in a team, supervised by volunteers. The kids participate in chores, horse science, riding, arts & crafts, and other fun activities like roping, creek walks, and blackberry picking, all while building social skills in a healthy community. Most of the kids in the program range from age 8-12 years old, but we welcome children 6-18. The waitlist for Team Equine varies but has more availability, we will let you know as spaces become available.

**HELPING HANDS** is a group program for teens ages 13-18. These teens may have social or emotional challenges and work together as a group to do ranch chores and learn "adulting" skills. There is not currently a waitlist for Helping Hands. We currently are only able to offer Helping Hands for teen girls.

### Can my child participate in two programs?

No, due to the length of our waitlists, we are unable to offer multiple programs to one child. If a child would like to participate in another program and is eligible for that program, they may move over to that program waitlist.

**How much does SonRise charge? And does SonRise accept insurance?**

SonRise offers programs free of charge thanks to private donors, grants, and our annual fundraiser, Wine & Equine. Because our programs are free-of-charge, SonRise does not participate in insurance claims.

**Does SonRise offer paid lessons?**

We are unfortunately unable to offer any supplemental paid lessons at this time.

**How long may my child participate in SonRise programs?**

SonRise participants in our riding programs (In the Saddle & In the Saddle Junior) may participate in free programming for two years from their start date (time spent on waitlist does not count toward this) or until they turn 18.

**Are there any ways for my child to participate while they are on the waitlist?**

Yes! We frequently invite waitlisted kids to attend sessions when we have a cancellation or extra sessions available. Waitlisted participants also have the opportunity to participate in special events throughout the year.

***\*Thank you for taking the time to learn about our programs. Please continue to the next page to complete your child's application.\****



# SONRISE PARTICIPANT APPLICATION

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## CONTACT INFORMATION

Date of application: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Horse experience? None \_\_\_\_\_ Less than 10 hours \_\_\_\_\_ More than 10 hours \_\_\_\_\_

Child's Current Height: \_\_\_\_\_ Child's Current Weight: \_\_\_\_\_ Child's Current Shoe Size: \_\_\_\_\_

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## PROGRAMING

Please indicate below which program you are interested in applying for:

- \_\_\_ Team Equine (geared toward children with social and emotional special needs)
- \_\_\_ In the Saddle OR In the Saddle Junior (most suitable for children with physical and developmental delays)
- \_\_\_ Helping Hands (Teen girls)

Understanding that SonRise serves kids with special needs, how do you feel your child qualifies for this program?

## HELP US GET TO KNOW YOU

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How did you hear about SonRise?

While SonRise is not a religious organization, our foundational principles are Christ-centered. How do you feel about that?

How do you communicate with your child?

- Spoken Word – with speech delays
- Spoken Word – normal
- Sign Language

Please describe any diagnosis', symptoms or characteristics we should be aware of and any advice you have for helping your child succeed.

Is your child taking any medication? If so, what and how much? Any side effects?  
(See also Medical Statement Form)

Is your child currently in any other therapies?	Yes	No
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Psychotherapy		
<input type="checkbox"/> Other		

If so, what are they working on with their therapist?

What are some goals for your child while at SonRise? Please check your top three goals.

- |                                                  |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Balance/Coordination    | <input type="checkbox"/> Social Skills/Manners     |
| <input type="checkbox"/> Fine/Gross Motor Skills | <input type="checkbox"/> Focus/Attention Span      |
| <input type="checkbox"/> Core/Leg Strength       | <input type="checkbox"/> Independent Riding Skills |
| <input type="checkbox"/> Following Directions    | <input type="checkbox"/> Confidence/Responsibility |
| <input type="checkbox"/> Language Skills         | <input type="checkbox"/> Other: _____              |

Is there anything else you think is important that we know about your child?

In case of emergency, we should contact...

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SONRISE PARTICIPANT RULES

## General Program Guidelines

- Please arrive on time for your scheduled lesson, and to pick your child up.
- If your child is unable to make a scheduled lesson, please let us know as soon as possible. Notice for cancellations must be given **at least 24 hours in advance** by phone or email. **Three “No-Shows” or cancellations WITHOUT 24 hour notice will result in your child being immediately removed from the program.**
- Participants should show a desire to participate. If they continually exhibit behavior that indicates otherwise, they will be asked to discontinue their participation in the program. SonRise reserves the right to remove any participant from the program.
- No violent or disrespectful behavior or language towards other participants, volunteers, or horses will be tolerated. While SonRise staff will do their best to resolve disciplinary issues, SonRise reserves the right to end a session.

## Visitor Safety

- Participants should always remain under the direct supervision of SonRise volunteers, and should follow all instruction and directions given them.
- Participants, visitors, and family members must stay in designated areas and be with a SonRise staff member or volunteer.
- All participants, visitors, and family members must sign a release of liability.
- The ranch is not open to participants at times other than scheduled SonRise sessions. No visitors should attend SonRise without prior approval.
- Visitors should be aware that there may be ticks, insects, and poison oak, etc. in the ranch environment.

## Horse Safety

- SonRise horses are never to be ridden or handled by anyone except under the direction and supervision of a SonRise Instructor.
- Do not feed any horses.
- A helmet, boots, and **LONG PANTS** are required whenever working around or riding a horse. SonRise provides boots and helmets. **\*Participants wearing shorts will not be allowed to participate.\***
- Please do not pet or touch any horses except SonRise horses (as indicated by stall name cards).

## **Ranch Safety**

- The main gate must always be closed after you enter or depart.
- Park across from the trailer parking, to the right of the garden. Do not park in front of trailers or in the road. If you have questions about where to park, please ask.
- No running, shouting, or throwing items at the ranch.
- No tank tops, shorts, sagging pants, or open-toed shoes. Modest and appropriate clothing is to be worn at all times.
- Drive slowly and cautiously while on the ranch property, watching for people, horses, and other animals. The speed limit is 5 mph.

## **Ranch Courtesy**

- No smoking.
- No gum chewing.
- No profanity.
- No cell phone use by participants except in an emergency.
- No dogs are allowed on the ranch.
- No ipods/ headphones or ear buds.

**I have read and understand the rules listed above and agree to abide by them.**

**Participant name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# FAQ

## **How does scheduling work?**

*In the Saddle* has lessons available Wednesday and Friday afternoons; *In the Saddle Junior* has lessons available on Tuesdays. We schedule lessons each quarterly season, except for winter when we take a break during the rainy season and holidays. Active participants are offered approximately 4 or 5 lessons per season. Parents may then sign-up for any of the dates available during that period. SonRise uses an online calendar system and lesson dates are first come, first served. When the season dates are released, parents submit an electronic sign-up, pending a confirmation email from SonRise staff. The calendar reflects which dates are full and which still have open sessions.

*Team Equine* and *Helping Hands* participants are expected to attend each week — Team Equine on Tuesday afternoons and Helping Hands on Thursday afternoons.

## **Does weather affect lessons?**

SonRise takes a winter break from sessions from Thanksgiving to February, thus missing most of the rainy season. Since SonRise has covered riding areas, we typically continue to hold sessions when it rains. If there are high winds, heavy rains, thunder, lightning, extreme temperatures, or other unsafe conditions, we will notify scheduled participants if sessions are cancelled.

## **What's the difference between therapeutic riding and hippotherapy?**

**Therapeutic riding** is a recreational activity that teaches riding skills to people with disabilities. Therapeutic benefits are a side-effect. Therapeutic riding is performed by certified riding instructors.

**Hippotherapy** is a treatment strategy that uses the horse's movement as a modality for accomplishing physical, occupational, and speech therapy goals. Hippotherapy is performed by licensed therapists. SonRise does not offer hippotherapy programs.

## **What are the qualifications of SonRise's Instructors?**

SonRise's Instructors are PATH (Professional Association of Therapeutic Horsemanship) certified instructors. They have undergone a rigorous testing process that includes online testing, 25+ hours of teaching under the supervision of another certified instructor, and an intensive workshop and certification. All Instructors complete continuing education to keep their certification current.

## **Why is the name SonRise instead of Sunrise?**

SonRise, though not a religious organization, is based on Christian values. Our board of directors, staff, and Instructors all have a personal relationship with Jesus. We recognize that our volunteers and participants may have different beliefs and we welcome them. Our Christian values are the heart behind why we serve children and are the foundation for the positive environment we seek to create. We love the children we serve because we believe Jesus loves them, too.



## How will my child benefit from therapeutic riding?

### Physical Benefits

- Fine & Gross Motor Skills
- Balance & Coordination
- Posture & Body Awareness
- Muscle Development
- Range of Motion
- Flexibility

### Cognitive Benefits

- Self-Control
- Sequential Learning
- Verbal Skills
- Following Directions
- Focus & Attention Span
- Sensory Integration
- Problem solving

### Social Benefits

- Collaboration & Teamwork
- Communication

### Relationships

- Solidarity With Peers
- Positive Role Models
- Respect & Manners

### Psychological Benefits

- Confidence
- Trust
- Impulse Control
- Boundaries
- Work Ethic
- Responsibility
- Leadership
- Empathy
- Patience

# STUDENT MEDICAL HISTORY AND PHYSICIAN'S STATEMENT

Student: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type \_\_\_\_\_: Controlled: Y N Date of Onset: \_\_\_\_\_

Shunt Present: Y N Date of Last Revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility:  Independent Ambulation  Assisted Ambulation  Wheelchair

Braces/Assistive Devices: \_\_\_\_\_

**For those with Down Syndrome:** Atlantoaxial x-rays date: \_\_\_\_\_ positive / negative  
*(An additional doctor's note specifically stating that the child displays no signs and symptoms of atlantoaxial instability and is cleared to ride may be substituted for x-rays.)*

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

**To my knowledge, there is no reason why this person cannot participate in equestrian activities.**

Doctor's Name/Title: \_\_\_\_\_ MD DO NP PA

**Doctor's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE CAREFULLY READ PRECAUTIONS AND CONTRAINDICATIONS ON REVERSE*

**Please note that the following conditions may suggest precautions and contraindications to horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.**

### **Orthopedic**

Atlantoaxial Instability – include neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities

### **Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

### **Medical/Psychological**

Allergies  
Animal Abuse  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to self or others  
Exacerbations of medical conditions  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

### **Other**

Age – under 4 years  
Indwelling Catheters  
Medications – i.e., photosensitivity  
Poor Endurance  
Skin Breakdown

# LIABILITY RELEASE FORM

FOR

## SonRise Equestrian Foundation & Alicia Dayton, Leonids LLC, Chung Ping Wang, Cong Qin (Collectively Referred to as this Stable)

LOCATED AT 7101 Camino Tassajara, Pleasanton, CA 94588

### PLEASE READ CAREFULLY BEFORE SIGNING.

ALL VISITORS TO THE PREMISES MUST SIGN THIS WAIVER OF LIABILITY. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN HORSE-RELATED ACTIVITIES OR OTHER ACTIVITIES AT THIS STABLE. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. **REGISTRATION OF PARTICIPANTS AND AGREEMENT PURPOSE.** In consideration of the signing of this agreement, I, the following listed individual, or the parent or legal guardians thereof if minor, do hereby voluntarily request and agree to participate in activities as a PARTICIPANT at THIS STABLE.

Name: \_\_\_\_\_

Age (If under 21) \_\_\_\_\_ Weight-over 180 lb. yes/no Horse experience: Beginner \_\_\_\_\_ over 10 hours \_\_\_\_\_

The rider has no known limitations that should exclude him/her from riding a horse. Initial \_\_\_\_\_

**NOTE: The weight limit is 60 lbs for the SonRise miniature horses and 70 lbs for the ponies. The enforcement of these limits shall be at the discretion of the lead SonRise volunteer or staff member.**

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the participant and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all my minor children and personal representatives, and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the participant shall be litigated in, and venue shall be in the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, miniature horses, mules, or donkeys whether from the ground or mounted. The term "PARTICIPANT" shall herein refer to a person who visits the premises, rides a horse mounted, or otherwise handles or comes near a horse on the ground. The terms "I", "ME" "MY" shall herein refer to the above participants and the parents or legal guardians thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATION** I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United Consumer Products) horse activities rank approximately 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. **NATURE OF THIS STABLE'S HORSES** I UNDERSTAND THAT: THIS STABLE chooses its horses for their calm dispositions and sound basic training as is required for use for student riders and THIS STABLE follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller weaker predator animal (human) tries to impose its will on, and become one unit of movement with another much larger, stronger prey animal with a mind of its own(horse) and each has a limited understanding of the other. If a horse becomes frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- E. **RIDER RESPONSIBILITY** I AGREE THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only at the advice of their physician. THIS STABLE advises pregnant women not to ride horses.
- F. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES** I AGREE THAT: this stable is NOT RESPONSIBLE FOR TOTAL OR PARTIAL ACTS, OCCURANCES, OR ELEMENTS OF NATURE THAT CAN SCARE A HORSE, CAUSE IT TO FALL, OR REACT IN SOME OTHER UNSAFE WAY. SOME EXAMPLES ARE: Thunder, lightning, rain, wind and wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person, and irregular footing on out-of-door, groomed or wild land which is a subject of constant change in condition according to the weather, temperature, and natural and man-made changes in landscape. The participant or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for the participant's intended purpose, usage and presence upon THIS STABLE'S PREMISES.

- G. **SADDLE GIRTHS/NATURAL LOOSENING** I UNDERSTAND THAT: saddle girths (saddle fasteners around the horse’s belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action may be taken to avoid slippage of saddle and a potential fall from the animal. I also understand that this stable may use equipment and tack that is not typical.
- H. **PROTECTIVE HEADGEAR** I AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 EQUESTRIAN HELMET must be worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer’s head injuries and possibly prevent the wearer’s death from happening as the result of a fall or other occurrences. I also understand that hairstyle may need to be altered in order to ensure proper fit of the helmet.
- I. **ACCIDENT/MEDICAL INSURANCE** I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance provider is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
- J. **LIABILITY RELEASE** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein. I, the PARTICIPANT, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, assigns, or any person whom I bring or invite to the ranch, or otherwise permit to be in the vicinity of any horse, do agree to hold harmless, release, and discharge THIS STABLE SonRise Equestrian Foundation (a non-profit public benefit organization), Alicia Dayton, Leonids LLC, Chung Ping Wang, Cong Qin and their owners, employees, volunteers, Board of Directors, agents, representatives, assigns, members, owner of the horse, owners of premises, and trails, affiliated organizations, and Insurers and any others acting on its behalf (hereinafter collectively referred to as “Associates”) of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE’S and/or ITS ASSOCIATES’ ordinary negligence, and I do further agree that except in the event of THIS STABLE’S gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, or any other activities associated with or conducted by these organizations, whether on or off the premises of THIS STABLE. I hereby waive and release THIS STABLE and ITS ASSOCIATES from liability of any nature, including but not limited to, injury, damage or other misfortune resulting during any activity which may take place at the ranch or at any other locations where SonRise activities are being conducted. I am fully aware that there is an element of risk of injury, damage or other misfortune associated with horse-related activities. I accept the risk of such activities, and undertake them voluntarily. In consideration of the permission to participate extended to me, and for the opportunity rendered by SonRise Equestrian Foundation, I do hereby for myself, heirs, personal representatives and agents forever release and discharge any claims, demands, actions or lawsuits that may occur as a result of negligent, but not reckless or intentional conduct, during participation of the above. I understand that THIS STABLE reserves the right, at the discretion of ITS ASSOCIATES, to ask me at any time to discontinue my participation or leave the premises.
- K. **MEDIA RELEASE** I, the PARTICIPANT (or parent/legal guardian), hereby release any and/or all rights to images/videos taken of me or my child for future use by SonRise Equestrian Foundation, its staff, founders, and/or Board of Directors for use in promotional publications, videos, books, newsletters, social media, etc. Initial \*Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL PARTICIPANTS AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT  
SIGNER STATEMENT OF AWARENESS**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT’S PHYSICAL CONDITION, EXPERIENCE AND AGE ARE TRUE AND ACCURATE.

PRINTED NAME OF RIDER \_\_\_\_\_ E-MAIL \_\_\_\_\_

SIGNATURE OF RIDER (if over 18) \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN (if rider is under 18) \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if rider is under 18) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_



## BROWN RANCH

### EQUESTRIAN ACTIVITIES WAIVER, RELEASE, AND INDEMNITY AGREEMENT

**ALL GUESTS WHO VISIT THE EQUESTRIAN PREMISES LOCATED AT 7101 CAMINO TASSAJARA, PLEASANTON, CA 94588(REFERRED TO HEREIN AS "PREMISES") MUST SIGN THIS FORM IN ORDER TO BE ON THE PREMISES. IF YOU HAVE NOT SIGNED THIS AGREEMENT, YOU WILL BE REQUIRED TO LEAVE AS THIS IS PRIVATE PROPERTY.**

**SIGNED RELEASES WILL BE KEPT ON FILE.**

NAME OF GUEST _____	DATE _____
PHONE _____	
ADDRESS _____	EMAIL _____
GUEST OF _____	
REASON FOR VISIT _____	

PARENT OR GUARDIAN (IF GUEST IS UNDER 18) _____
PHONE _____ ALTERNATE PHONE _____
ADDRESS _____

1. The undersigned understands and acknowledges that this is a legal agreement that will either eliminate or severely restrict his/her legal rights and the rights of his/her minor child, heirs, and relatives in case he/she is injured, dies, or is otherwise damaged as a result of participation in equestrian activities on the Premises.
2. The undersigned acknowledges that horseback riding, participation in riding lessons and clinics, being near horses, and being at equestrian facilities and on trails is inherently dangerous and involves risk of serious and permanent physical and emotional injury and, in extreme cases, possible death. The undersigned understands that he/she can get thrown, stepped on, kicked, or otherwise injured by his/her own horse or any other horse. The undersigned understands and agrees that he/she rides and participates in horse riding lessons and clinics, trail rides, horse grooming, and other related activities at his/her own risk. The undersigned further acknowledges and agrees that Brown Ranch is not responsible for any irregular footing on outdoor or indoor groomed or ungroomed land, all of which is subject to constant change in condition according to weather, temperature, natural and man-made changes in landscape. Guest agrees that the waiver provided herein also applies to these circumstances.
3. The undersigned, in the event of injury rendering undersigned unable to make decisions regarding medical care, gives Brown Ranch the authority to make decisions regarding medical care, including administration of medical care, and will defend, indemnify and hold Brown Ranch harmless for any injury or death that occurs as a result of this care.
4. The undersigned, on behalf of all and each of the heirs, executors, administrators, successors, and assigns of the undersigned hereby assumes all responsibility and risk and releases and forever discharges Leonids LLC, Chung Ping Wang and Cong Qin doing business as Brown Ranch,

and their respective officers, agents, directors, employees, representatives, attorneys, contractors, and all persons acting by, through, under, or in concert with any of them (collectively Brown Ranch) and holds the Brown Ranch free and harmless and indemnifies it from any and all, injuries (including death), claims, actions, suits, procedures, costs, expenses, damages, liabilities and causes of action of every kind, known or unknown, of any nature whatsoever (including attorneys' fees and costs) arising out of or connected with (a) the undersigned's participation in horseback riding, riding lessons, riding clinics, horse grooming, and other related equestrian activities, and any other use of, or attendance at the Brown Ranch Premises by the undersigned or by any guests of the undersigned; or (b) any acts of horses or any other animal owned by the undersigned or anyone else on the Premises.

**5.** The undersigned further agrees that he/she will not sue or make a claim against Brown Ranch for injury, damage, death, or other losses sustained as a result of his/her participation in equestrian activities, use of the Premises, or injury to the undersigned's horse(s) or any other horse.

**6.** The undersigned understands that by signing this Waiver, Release and Indemnity Agreement, he/she is giving up significant rights that he/she and his/her family and heirs may have. Knowing this, the undersigned still prefers to enter the Premises and if applicable use the Brown Ranch facilities and therefore voluntarily gives up his/her rights as described in this Agreement.

**7.** This Agreement is a complete embodiment of our understandings and agreements. It may not be modified or rescinded except by a writing executed by an authorized agent of Brown Ranch.

**8.** The undersigned represents that he/she has carefully read each and every one of the provisions of this Agreement and fully understands each provision and agrees to be bound by the terms of each provision.

**9.** I have read and understand the "Rules & Regulations" posted at Brown Ranch, and I agree to abide by them. This includes, but is not limited to, the Helmet Requirement for All Riders under age of 18: Brown Ranch requires all riders under age 18 to wear an ASTM approved safety helmet. **No exceptions.**

**10.** The undersigned agrees that horses, if any, brought to Premises by undersigned are free of contagious diseases, are current on all of the recommended & routine vaccinations and are negative for Coggins for those horses which came from out of the State.

**11.** Undersigned agrees to pay for and/or repair any damage that occurs to Premises and personal property on Premises caused by undersigned or by undersigned's horse (s). This includes, but is not limited to, all damage to personal property, buildings, barns, fences, stalls, pens, hot walkers, facility structures of any kind, landscaping or vehicles.

**12.** This Agreement shall be interpreted in accordance with the laws of the State of California and any dispute concerning this Agreement, or any indemnification hereunder, shall also be interpreted in accordance with the laws of the State of California, County of Contra Costa. Undersigned agrees that any disputes that may arise will be handled via arbitration, and thereby agrees to waive any right to trial by Jury.

**PLEASE READ THIS AGREEMENT CAREFULLY. DO NOT SIGN THIS EQUESTRIAN ACTIVITIES WAIVER, RELEASE, AND INDEMNITY AGREEMENT UNTIL YOU HAVE READ AND UNDERSTOOD EACH AND EVERY PARAGRAPH**

**DATE** \_\_\_\_\_

**SIGNATURE OF GUEST** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_  
**(IF GUEST IS UNDER 18 YRS OLD)**

Parent agrees to always have a supervising adult on Premises responsible for Minor. Parent further warrants that said Minor does not have any physical or mental conditions that would prevent Minor from engaging in horseback riding, horse grooming or other activities on the Premises.