B-BARR-B LLC DBA Bella Rosa Stables Care From The Heart 151 Oak Glen Road Howell, N. J. 07731

Release of Liability

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.

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members **"over 18 years of age"** must sign this release (in this section).

Print Name (Clearly)	Signature	Date
Address (Print Clearly) Street	, Town, and Zip	
Print Name (Clearly)	Signature	Date
If additional family members n	eed to be added, please comple	ete a separate form and attach.
For members "under" 18 yea of page,	rs of age, parent(s) or guardian	must list name of each child and sign at bottom
Name of child	Name of ch	nild
Name of child	Name of ch	nild
equine activities, agree that th	e terms and conditions of this R	n consideration of my minor's participation in Release of Liability shall be binding as to damage, rty arising out of his/her participation in equine

Parent/Guardian Signature

events.