LP Equestrian Operating Corp d/b/a LP EQUESTRIAN CENTER

5675 Hessen Rd., Casco, Michigan 48064

WAIVER, AGREEMENT AND LIABILITY RELEASE

READ CAREFULLY BEFORE SIGNING

I agree to this Waiver, Agreement and Liability Release (hereafter, "Agreement") with LP Equestrian Operating Corp, a Michigan corporation, d/b/a LP EQUESTRIAN CENTER (hereafter, "Stable"), as a condition for its allowing me and the persons identified below to do any or all of the following at any time and at any location: enter and be on any part of the Stable's property, facilities, barns, aisles, cross-country course, arenas, pastures, fields, trails, observation areas, and surrounding land (hereafter, "Stable Property"); be near horses or ponies (hereafter referred to as "equines"); attend bonfires or hayrides on or near the Stable Property; work with, handle, ride equines, drive equines (or be an observer or passenger in horse riding or driving activity), show equines, jump equines, at any location on or off of the Stable Property, and/or receive instruction, training, or guidance at any location on or off of the Stable Property related to riding, driving, jumping, handling, showing, training, and/or working with equines; and/or attend or participate in shows, demonstrations, and/or clinics on or off of the Stable Property. *All of these activities, individually and collectively, will hereafter be referred to as "The Activities."*

NAME OF CONTRACTING PA	RTY:			
NAME OF OTHER CONTRACT	TING PARTY (Spo	use or Othe	r Parent):	
ADDRESSES OF CONTRACTI	NG PARTIES:			
PHONE: [Home]	[Work] _		[Cell/Other]	
To the fullest extent allowed by child/ren or legal ward(s):	law, I also make t	his agreem	ent on behalf of the following	g persons who is/are my
1.	AGE:	2.		AGE:
Child's Date of Birth:			Child's Date of Birth:	

All parts of this agreement shall apply to me, and the children/legal wards listed above. [We will collectively call ourselves "I," "me," or "my" throughout this agreement.]

IT IS HEREBY AGREED AS FOLLOWS:

- 1. **Consideration/Binding Effect Today and in the Future.** I have requested to engage in any or all of The Activities on or off of the Stable Property and am signing this Agreement in consideration for being allowed to engage in any or all of The Activities now and in the future. I understand that although I am signing this Agreement today, it is intended to be valid and binding at all times, *now and in the future*, when Stable permits me (directly or indirectly) to engage in any or all of The Activities at any time and at any location.
- 2. **Risks.** I understand that anyone who is riding, driving, handling, jumping, showing, training, working with, or even near an equine can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways, back up quickly, or run away from real or perceived danger by trotting or galloping. Equines also have the ability to kick, buck, rear up, spin around, bolt, strike, or bite. I know that equines can do these and other things without warning. I also understand that all equines, even if they have no history of inflicting injury, are powerful and have the potential to be dangerous to people, equines, and other animals that are around them.

Further, I understand that riding, driving, handling, jumping, showing, training, working with, or even being near an equine can expose me to numerous hazards, which could include, for example: the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons, or other animals; certain hazards such

as surface or subsurface conditions on or near the Stable Property and/or land where any of The Activities may take place; and/or collisions with other equines, animals, or objects. I understand these risks and dangers that are inherent in any or all of The Activities, and I agree to assume them. I also understand that these are just some of the risks, and I agree to assume other risks that are not mentioned in this Agreement. I am NOT relying on Stable to list all possible risks involving The Activities in this Agreement or at any time in the future.

<u>ADDITIONAL RISKS – COVID-19</u>. I am aware that interacting with individuals outside of my household and engaging in any of The Activities on or off of the Stable Property could increase my risk of contracting Covid-19. I voluntarily assume this risk and accept sole responsibility for any injury or illness that may be experienced or incurred. I understand that I am responsible for my own health and safety, and I am responsible for providing any protection equipment that I wish to use, including masks, disinfectants, and sanitizers.

INITIAL HERE: ______ 3. WAIVER AND LIABILITY RELEASE: As consideration for being allowed to engage in any or all of The Activities, now and in the future and at any location, and to the fullest extent allowed under Michigan law, <u>I</u> (on behalf of myself and my spouse, parents, heirs, representatives, assigns, minor child/ren or legal wards, if any) agree to each of the following:

- (a) LP Equestrian Operating Corp, LP Equestrian LLC, LP Equine Hauling LLC, Michael D. Pitters, Stacey L. Pitters and their respective members, managers, officers, directors, employees, agents, assigns, heirs, family members, affiliated persons, representatives, and others acting on their behalf (hereafter collectively referred to as "The Released Parties") shall not be liable for any damages that I (and/or my minor child/ren or legal wards, if any) may sustain now or in the future as a result of engaging in any of The Activities at any time and at any location; and
- (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 ordinary negligence, violation of the Michigan Equine Activity Liability Act, or other legal liability, resulting from or arising out of my/our engaging in any of The Activities at any time and at any location. The term "damages" in this Agreement means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, property damages, death, and/or personal property damages. This Agreement is intended to apply and be binding whether or not I/we am/are riding, handling, showing, working with, or even near equines. (In accordance with Michigan law, we are not releasing The Released Parties from loss, injury, or damage that is directly caused by gross negligence or willful or wanton misconduct on part of any of The Released Parties.)

WARNING

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

IT IS UNDERSTOOD AND AGREED THAT THIS AGREEMENT IS A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, MCL 691.1661, et seq. BY SIGNING THIS AGREEMENT, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST ANY OF THE RELEASED PARTIES UNDER ANY EXCEPTION IN THAT LAW. IN PARTICULAR, I AGREE NOT TO BRING A CLAIM OR SUIT FOR: (1) FAULTY TACK OR EQUIPMENT; (2) FAILURE TO MAKE REASONABLE AND PRUDENT EFFORTS TO DETERMINE AN EQUINE ACTIVITY PARTICIPANT'S ABILITY TO SAFELY MANAGE AN EQUINE; (3) A DANGEROUS LATENT CONDITION OF ANY PART OF THE LAND/ STABLE PROPERTY; AND/OR (4) ANY ACT OR OMISSION THAT MAY CONSTITUTE ORDINARY NEGLIGENCE BY ANY OF THE RELEASED PARTIES. (IN ACCORDANCE WITH MICHIGAN LAW, I AM NOT RELEASING THE RELEASED PARTIES FROM LOSS, INJURY, OR DAMAGE THAT IS DIRECTLY CAUSED BY GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT ON PART OF ANY OF THE RELEASED PARTIES.)

INITIAL HERE: WAIVER AND LIABILITY RELEASE PERTAINING TO EQUINE(S). With respect to each equine that I may own, lease, ride, drive, handle, use, or provide for any of The Activities (whether or not I am the one who is riding, driving, handling, or working with working with the equines), I agree to release and discharge The Released Parties of and from all claims, demands, actions, or causes of action (occurring now or in the future, and

whether known or unknown), resulting from the ordinary negligence or legal liability of any of the Released Parties. This waiver and release is intended to apply at all times before, during, or after any of The Activities take place at any location that may result in injury, loss, or damage to this/these equine(s) that may have any cause whatsoever, including accidents, illnesses, injuries, theft, running away (except if the injury or damage was directly caused by The Released Parties' willful or wanton disregard for my safety or intentional wrongdoing).

INITIAL HERE: _______ 4. INDEMNIFICATION. To the fullest extent allowed by law, I also agree to indemnify and hold harmless The Released Parties against all claims, demands, or lawsuits that are brought against any of The Released Parties by any third person(s) ["third persons" are people who are not parties to this Agreement, including, but not limited to, other persons on or near the Stable Property or property where The Activities take place, my relatives, guests, etc.]. I also agree to indemnify and hold harmless The Released Parties against all claims, demands, or lawsuits that are brought against any of The Released Parties by my minor child/children that are in any way connected with my/our participation in The Activities, including claims that allege acts or omissions by The Released Parties that are negligent and/or violate an Equine Activity Liability Act. This indemnification shall also include reimbursement of The Released Parties' reasonable attorney fees.

5. ASTM/SEI Headgear. I agree to be fully responsible for my own safety at all times. Stable has advised me that, for my own protection, I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified protective equestrian headgear that is designed for use when riding or when near equines. I am <u>NOT</u> relying on Stable to provide a helmet for me, to check any helmet or helmet strap I may wear, or to monitor my compliance with this suggestion at any time.

Emergencies. Person(s) to Contact in Case of Emergency: Name:

others on my behalf. This authorization is effective continuously.

6.

Phone Number(s):	Relationship:
Medical Authorization. By signing this Agreement,	I grant full authorization for Stable and its representatives,
contractors, or employees to administer general first aid	I treatment for any minor injuries or illnesses experienced by
me (including minors, if designated). If any injury or i	Ilness requires emergency treatment to myself or my child, I
authorize the Stable to summon professional emergency	personnel to attend, transport, and treat me, and I consent to
any X-ray, anesthetic, transfusion, medication, diagnosis	, treatment, or care deemed advisable by a licensed physician,
dentist, or other medical professional or institution. I	agree to assume financial responsibility for all costs. This
authorization is given in advance of any such medical at	tention but is given to provide my authority. I agree to release
The Released Parties and hold them harmless from liab	ility connected with obtaining medical attention for myself or

- 7. **Health and Physical Conditions.** Some people have conditions that pose special physical risks to them while they engage in exercise. The Activities can involve exercise. Stable recommends that I seek the advice of a physician before participating in The Activities. Also, I want Stable to know of the following physical, learning, or personal needs have that may affect my ability to engage in The Activities:
- **8. Independent Equine Professionals.** I am aware that equine professionals (such as instructors, trainers, or clinicians) may do business on the Stable Property. However, I understand that they have independent businesses and have <u>no</u> employment, partnership, joint venture, principal-agent, or other similar arrangement with Stable.
- 9. Option to Arbitrate Disputes and Stable's Discretion to Submit to Arbitration. I agree that Stable has the exclusive right, in its sole discretion, to submit any dispute arising under this Agreement to binding arbitration as provided under the Michigan arbitration statute (M.C.L. § 691.1681, et seq., pursuant to the provisions of Michigan statutory law and/or the Federal Arbitration Act, 9 U.S.C. § 1, et seq., in accordance with the Commercial Arbitration rules of the American Arbitration Association. The arbitrator selected by the parties need not be provided by the American Arbitration Association, and the arbitrator's decision shall be final and binding and may be enforced by any court of competent jurisdiction. I agree that a judgment of any circuit or federal court shall be rendered upon the award made pursuant to the submission of the dispute to arbitration. I further agree that submission of a dispute to arbitration is a condition precedent for invoking the jurisdiction of any State or Federal court over the subject matter of their dispute, except for suits for injunctive relief and suits in aid of arbitration. I agree and understand that if arbitration is

selected, Stable and I are giving up the right to a jury trial on any issues triable to a jury that may arise out of any dispute between them pertaining to the subject matter of this Agreement.

10. This Agreement is governed by Michigan law and is intended to be as broad and inclusive as Michigan law permits. Should any part of this Agreement conflict with Michigan law, only that part will be void but the remainder of this Agreement shall stay in full force and effect at all times, now and in the future. This Agreement can only be modified in writing and signed by Michael Eiseman (on behalf of Stable) and me. Should I breach this Agreement, or any part of it, I agree to pay attorney fees and court costs related to such breach that are incurred by any or all of The Released Parties. I also agree to pay attorney fees and costs incurred to enforce this Agreement, and I will indemnify and hold harmless The Released Parties for all such fees and costs. It is also agreed that any disputes that may arise under this Agreement, or any activities that are undertaken pursuant to this Agreement, shall be litigated in a State or Federal Court of proper jurisdiction located in or nearest to St. Clair County, Michigan.

11. ALSO, I REPRESENT (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;

I HAVE READ THIS <u>ENTIRE</u> AGREEMENT (ALL 4 PAGES), AND I FULLY UNDERSTAND IT;

THIS AGREEMENT IS VALID AND BINDING TODAY <u>AND</u> AT ALL TIMES IN THE FUTURE;

I AM THE PARENT/LEGALLY APPOINTED GUARDIAN OF THE CHILD(REN) OR LEGAL WARDS LISTED IN THIS AGREEMENT (WHERE APPLICABLE);

IF ANYONE IS HURT OR PROPERTY DAMAGED BY PARTICIPATION IN ANY OF THE ACTIVITIES, A COURT MAY FIND I HAVE WAIVED MY RIGHT TO SUE; AND ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

SIGNATURE OF CONTRACTING PARTY:	
PRINT NAME HERE:	DATE :
SIGNATURE OF OTHER CONTRACTING PARTY (Spouse/ Other Parent):	
PRINT NAME HERE:	DATE :
ACCEPTED BY LP EQUESTRIAN OPERATING CORP:	
DATE:	

WARNING

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.