

WAIVER, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT PLEASE READ CAREFULLY WARNING: BY SIGNING THIS AGREEMENT, YOU GIVE UP THE RIGHT TO SUE FOR ANY INJURY OR DAMAGES HOWSOEVER CAUSED To: Moose Mountain Ventures Inc (hereinafter referred to collectively as "The Company") and employees, representatives, officers and agents (hereinafter referred to collectively as "The Company Employee's").

I, (please print) _____

of (Address): _____

(Phone #) _____ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in trail rides and related activities organized by "The Company" and conducted by "The Company" and/or "The Company" Employees, and in further consideration of "The Company" allowing me to do so, to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to as "This Agreement").

2. I acknowledge that horses and trail rides and related activities involve **INHERENT RISKS** that may cause **SERIOUS INJURY AND POSSIBLY DEATH TO PARTICIPANTS**. I further recognize that back country trails, horse, wagon rides involve **ADDITIONAL RISKS AND DANGERS**.

3. I fully understand the risks and dangers associated with my participation in this activity and **ACCEPT THE SAME ENTIRELY AT MY OWN RISK.**

4. I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against "The Company" and "The Company Employees" and **RELEASE "The Company AND EMPLOYEES** from **ALL LIABILITY** for injury, death, property damage or any other loss sustained by me as a result of my participation in this activity, **DUE TO ANY CAUSE WHATSOEVER** including, without limitation, negligence on the part of "The Company" or "The Company Employees". I further **AGREE TO INDEMNIFY** "The Company" and "The Company Employees" for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them.

5. I appreciate that This Agreement applies whether "The Company" is at fault or not and it limits the liability of "The Company Employees" to the same extent as it limits the liability of "The Company" even though "The Company Employees" are not formal parties to This Agreement. I understand that "The Company", in securing execution of This Agreement by myself, is acting as agent or trustee on behalf of or for the benefit of "The Company Employees", who shall to this extent be or be deemed to be parties to This Agreement. **I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" OR "THE COMPANY EMPLOYEES" AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.**

DATE: _____

SIGNATURE (OF PARTICIPANT/PARENT/GUARDIAN) _____

WITNESS _____

HELMET RELEASE AND INDEMNITY AGREEMENT: BY SIGNING THIS AGREEMENT, YOU GIVE UP THE RIGHT TO SUE FOR ANY INJURY OR DAMAGES HOWSOEVER CAUSED

To: Moose Mountain Ventures Inc (hereinafter referred to collectively as "The Company") and employees, representatives, officers and agents (hereinafter referred to collectively as "The Company Employee's").

There are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injury for numerous reasons, including but not limited to, the rider falling or being thrown from his/her horse, the rider getting struck in the head while riding on the trail or around horses, or being kicked by a horse. It is, therefore, the policy of "The Company" that safety riding helmets be worn at all times when riders are mounted on a horse, or in the proximity of a horse. The "The Company" will only allow you to ride or be involved in the horse riding experience while wearing a helmet, unless you have signed the release herein contained, acknowledging the risks that have been explained to you.

I, _____, being fully aware of that policy and the reason for it, chose of my own free will, NOT to wear a safety riding helmet that has been provided. In taking this action, I hereby **WAIVE ANY AND ALL CLAIMS** which I may have against "The Company" and "The Company Employees" and **RELEASE "The Company AND EMPLOYEES** from **ALL LIABILITY** for injury, death, property damage or any other loss sustained by me as a result of my actions and failure to wear a safety riding helmet, **DUE TO ANY CAUSE WHATSOEVER** including, without limitation, negligence on the part of "The Company" or "The Company Employees". I further **AGREE TO INDEMNIFY** "The Company" and "The Company Employees" for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them. **I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" OR "THE COMPANY EMPLOYEES" AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.**

DATE: _____

SIGNATURE (OF PARTICIPANT DECLINING THE USE OF A HELMET) _____

WITNESS _____