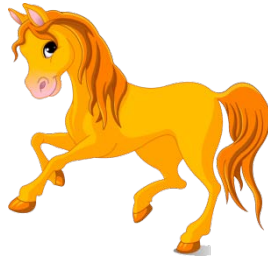


PONIES R US



RESERVATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (DAYTIME) : _____ PHONE (EVENING): _____

TIME OF PARTY: _____ DATE OF PARTY: _____

Method of Payment (Please submit this form and mail a \$50.00 Deposit check (payable to Sherry Shimel). Address: Sherry Shimel, Ponies 'R' Us, PO Box 2161, Martinez, CA 94553).*

CASH _____ CHECK _____

I am signing this form freely and voluntarily without inducement. The Customer assumes full risk and responsibility and releases Ponies-R-U's (Sherry Shimel), her employees or assistants from liability for any cause whatsoever for any injuries incurred before, during or after Pony Rides arising from any cause. Customer knowing and freely assumes such risks, both known and unknown, even if arising from negligence of the releases or others, and assume responsibility for customer's participation. The Customer has carefully read this agreement and fully understands the terms. Customer is aware this is a release of ALL liability including asserted negligence.

SIGNATURE: _____