**EQUINE ACTIVITY SPONSOR RELEASE**

**WARNING** Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. Χ This warning complies with the notification requirement found in section 773.04, Florida Statutes.

INITIAL RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in equine activities taking place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and with the understanding that a horse may react unpredictably to sounds, sudden movement, and unfamiliar objects, persons, or other animals, and may behave in ways that may result in injury, harm, or death to persons on or around them, I AGREE TO ASSUME THE RISKS in participation including but not limited to, those risks set out above and, on my own behalf, or on behalf of my child or ward, and on behalf of my child’s or ward’s heirs, executors and administrators. THIS RELEASE forever discharges the released parties defined below, of and from all liabilities, claims, actions, damages, costs, or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in horseback riding, training or other equine activities and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses including but not limited to attorney’s fees and disbursements. The released parties are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, their related, affiliated and subsidiary companies, and their officers, directors, employees, agents, representatives, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based upon the negligence, gross negligence, actions or inactions of any of the above released parties and covers bodily injury, death, and property damage whether suffered by me, my child or ward, or my property, before, during, or after such participation in any equine activity. I am aware of the risks and dangers involved in horseback riding and that unanticipated and unexpected dangers may arise, particularly in preparing and showing horses. I expressly assume all risks of injury to my person, that of my child or ward and property that may be sustained as a result of participation in the foregoing equine activity. I represent and certify that I am of age and that if I am under the age of eighteen (18) years, I represent and certify that I have the permission of my parents and/or guardian to participate in equine activities as evidenced by their signature on this document as well as my own.

I HAVE READ AND UNDERSTOOD THE ABOVE AND AGREE TO ALL TERMS SET FORTH ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent’s Name: