

**CITY OF PINELLAS PARK**  
**Equestrian Center**  
**ACCIDENT WAIVER AND RELEASE OF LIABILITY**



In consideration for use of the Equestrian Center, it is hereby agreed to as follows:

By signing below, I acknowledge that my horse has been certified by a veterinarian and is in good physical condition. I further acknowledge that a farrier has inspected my horse's hooves and feet to assure they are in good shape as well as being trim and dressed with the appropriate shoes needed for jumping, if necessary.

1. **HAZARDOUS ACTIVITY:** I understand that horseback riding and jumping is a hazardous activity and that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot, canter, or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will generally be more than 5 feet. I understand these risks and voluntarily assume these risks and dangers for myself or on behalf of my child or legal ward.

\_\_\_\_\_ (Initial here)

2. **RIDING HELMETS AND VESTS/JACKETS:** I understand that I can better protect myself against head injuries by wearing protective equestrian head gear and airbag vests/jackets while mounting, riding, dismounting and being around horses and I am responsible for providing my own protective gear and tack. I accept full responsibility for the increased risk of injury if I decide not to wear a helmet, airbag vest/jacket or use the proper tack or not to require my child or legal ward to utilize the same. \_\_\_\_\_ (Initial here)

3. **LIABILITY RELEASE:** I understand that I am responsible for bodily injury or property damage that I or my child or legal ward should sustain while riding. I am also responsible for medical expenses or any other expense incurred as a result of such bodily injury or property damage. I am responsible for any time I, or my child or legal ward shall lose in employment or school or other activity. I hereby for myself, my heirs, administrators and assigns release and discharge the City of Pinellas Park and all of their officers and employees from claims, demands, actions, and causes of action for such injuries sustained to my person, or that of my child or legal ward and/or my property. \_\_\_\_\_ (Initial here)

4. **INDEMNITY / LIABILITY RELEASE BY PARENT OR GUARDIAN OF MINOR CHILD OR LEGAL WARD:** In the knowledge that a parent by law cannot waive the personal injury rights or other claims of a (their) minor child or legal ward, the undersigned parent or guardian of said minor child or legal ward agrees to indemnify the City of Pinellas Park and all of their officials and employees from any financial loss suffered as a result of any claim brought on behalf of said minor child or legal ward. Further, I agree not to bring any claim or other legal action against the City of Pinellas Park and all of their officials and employees for personal injuries suffered by said minor alleging negligent acts or acts of omissions by the City of Pinellas Park and all of their officers and employees. \_\_\_\_\_ (Initial here)

**DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTAND  
THE ENTIRE CONTENTS OF THIS RELEASE FORM**

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_  
(Print)

*If the equestrian is under 18 years of age, the parents or guardians must execute the following waiver.*

**PARENT / GUARDIAN WAIVER FOR MINORS**

I/we the undersigned parent and natural guardian or legal guardian does hereby represent that he or she is, in fact, acting in such capacity and agrees to all of the foregoing on behalf of both the minor and the parents or legal guardian.

Date \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Print)

Date \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Print)

Approved as to form and content: \_\_\_\_\_  
James W. Denhardt, City Attorney