

Red Horse Hugs Equine Assisted Therapy Permission Slip & Release of Liability

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.

RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in the renting of a horse from or related activities offered by the Red Horse Hugs Equine Assisted Therapy, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run with its rider, especially when the ride is conducted through an unnatural setting, as this activity will be, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge 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 such horseback riding or related 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 the Red Horse Hugs Equine Assisted Therapy LLC, their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during, or after such participation. I further authorize medical treatment for said child or ward, at my cost, if the need arises.

Minor Participant

Signature - Participant, Parent or Adult Guardian

Date

Print Name of Parent or Adult Guardian

Address

City, State, Zip

E-Mail
