The Equestrian Center

208 Vicki Leigh Road Fort Walton Beach, FL 32547-1904 Barn: 850-863-3295 Cell: 850-830-0339

RELEASE OF LIABILITY

In consideration for participating in horse-related activities, training or instruction connected with The Equestrian Center and Janet Evans and all affiliated persons, sponsors, volunteers and groups, collectively referred to as THE EQUINE ACTIVITY SPONSOR, permitting me or the below-listed minor child to participate in equine activities, I have reviewed and expressly agree to the terms of this Release of Liability. This agreement shall be legally binding upon me, the Rider, and the parents or guardians thereof, if a minor, my heirs, estate, assigns, including all minor children, and the parental representatives. My signing of this Release of Liability reflects my understanding and acknowledgment that participating in equine activities involves inherent risks of danger that can result in injury or death of the participant. Horseback riding/driving entails numerous obvious and non-obvious inherent risks despite all safety precautions. A horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals, their reactions to certain hazards such as surface and subsurface conditions is completely unpredictable. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3-4 times faster than a human. If a rider falls to the ground, it will generally be at a distance of 3.5 to 5.5 feet and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its survival instincts which may include, but are not limited to: stopping short, changing direction or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking or running from what it perceives as danger which may or may not result in the fall of the Rider or collisions with other horses or objects. By participating in equine activities or by allowing the below-listed minor child to participate in equine activities, I expressly accept complete and total responsibility for all risks of injury and injuries related thereto both on and off THE EQUINE ACTIVITY SPONSOR's property. My signing of this Release of Liability reflects my understanding and acknowledgement that THE EQUINE ACTIVITY SPONSOR is not liable for any injuries to me or to the below-listed minor child resulting from our own negligent or willful and wanton acts, or from the negligent acts of THE EQUINE ACTIVITY SPONSOR. I promise and pledge that I will provide to THE EQUINE ACTIVITY SPONSOR a truthful and complete statement of my equine activity experience or the equine activity experience of the below-listed minor child. I expressly agree that at all times while participating in equine activities, I or the below-listed minor child will wear an ASTM/SEI-certified safety helmet supplied by THE EQUINE ACTIVITY SPONSOR. Wearing of such headgear while driving, mounting, riding and dismounting and being around horses may prevent or reduce the severity of some injury and may even prevent death as a result of a fall and/or other occurrences. Failure to wear this safety helmet while participating in equine activities will bar any and all claims against THE EQUINE ACTIVITY SPONSOR for damages arising from equine activities. I expressly agree that at all times while participating in equine activities, I or the below-listed minor child will wear hard smooth-soled Western or English riding boots with a heel not to exceed ½ inch and tall socks to provide protection for the feet in the event that a horse steps on a foot and also to assist in preventing the foot from sliding all the way through the stirrup and becoming caught while riding, mounting, dismounting and/or other occurrences. Tall socks provide additional protection against chafing and allow for easier removal of the foot from the boot. I expressly agree that at all times while participating in equine activities, I or the below-listed minor child will wear long pants to protect legs. Riders should also consider wearing equestrian pants, breeches or jodhpurs with leather inner knee/calf patches, or chaps, or other leggings that provide inner leg grip and added stability in the saddle. Loose fitting pants can cause the rider to be unstable in the saddle. I expressly agree to reimburse and indemnify THE

EQUINE ACTIVITY SPONSOR for all expenses, costs or legal fees it incurs in enforcing the terms of this Release of Liability. I further agree to reimburse or indemnify THE EQUINE ACTIVITY SPONSOR for all expenses, costs or legal fees it incurs in defending itself against claims of other persons for injuries arising from the negligent or willful and wanton acts of myself or of the below-listed minor child while participating in equine activities. I expressly acknowledge and agree that Florida law governs all disputes relating both to the interpretation of this Release of Liability and to all disputes relating in any way to injuries resulting from participation in equine activities. WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL SHALL NOT BE LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AND NO PARTICIPANT NOR ANY PARTICIPANT'S REPRESENTATIVE SHALL HAVE ANY CLAIM AGAINST OR RECOVER FROM ANY EQUINE ACTIVITY SPONSOR, EQUINE PROFESSIONAL, OR ANY OTHER PERSON FOR INJURY, LOSS, DAMAGE, OR DEATH OF THE PARTICIPANT RESULTING FROM ANY OF THE INHERENT RISKS OF EQUINE ACTIVITIES. I expressly acknowledge that I have read, understand and agree to all aspects of this Release of Liability. If the equine participant is a minor under the age of 18 years or unable to sign on his/her own behalf, the signature of a parent or legal guardian of the equine participant is required. Please list any know medical conditions or other information that may be relevant to the participation in equine activities:

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Birth Date	Signature/Date	
Cell Phone	Signature/Date	
Cell Phone	Signature/Date	
City/Zip	Email Address	
Cell Phone	Alt. Phone	
	Cell Phone Cell Phone City/Zip	Cell Phone Signature/Date Cell Phone Signature/Date City/Zip Email Address