

# **RELEASE AND HOLD HARMLESS AGREEMENT**

## **THE HORSES FOR HANDICAPPED FOUNDATION**

### **OF PINELLAS COUNTY, Inc.**

P.O. Box 3748, Seminole, FL 33775-3748

In consideration of HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC. and the COUNTY COMMISSIONERS OF PINELLAS COUNTY Horses for Handicapped program, the undersigned does hereby forever release, acquit, discharge and hold harmless the HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC. and the COUNTY COMMISSIONERS OF PINELLAS COUNTY, their officers, directors, trustees, board members, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever which the undersigned or said minor may now, or in the future, have against HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC. and the COUNTY COMMISSIONERS OF PINELLAS COUNTY, their officers, directors, trustees, board members, agents, employees, representatives, successors, or assigns, on account of any personal injuries, physical or mental conditions known or unknown, to the person of said minor, and treatment thereof, as a result of, or in any way growing out of the acts of HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC. or the COUNTY COMMISSIONERS OF PINELLAS COUNTY, their officers, directors, trustees, board members, agents, employees, representatives, successors, or assigns, including but not limited to their negligence or gross negligence.

**Furthermore**, the undersigned hereby grants to HORSES FOR HANDICAPPED permission to take or have taken, still and/or moving photographs and films including television picture of the undersigned and consents and authorizes HORSES FOR HANDICAPPED, its advertising agencies, news media, and other persons interested in HORSES FOR HANDICAPPED and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means, including but not limited to newspapers, television media, websites, brochures, pamphlets, instructional materials, books and clinical material. With regard to the foregoing material, no inducements or promises have been made to the undersigned to secure my signature to this release other than the intention of HORSES FOR HANDICAPPED to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding HORSES FOR HANDICAPPED and its work.

### **WARNING**

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

\_\_\_\_\_  
Signature & DATE

\_\_\_\_\_  
Signature (parent signature – if minor)

\_\_\_\_\_  
Participants Name (printed)

\_\_\_\_\_  
Participants Phone #

\_\_\_\_\_  
Participants Address

\_\_\_\_\_  
Participants Email

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (printed) & Phone