

# RELEASE AND HOLD HARMLESS AGREEMENT

## THE HORSES FOR HANDICAPPED FOUNDATION

### OF PINELLAS COUNTY, Inc.

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

I (we), \_\_\_\_\_ PARENT(S)  GUARDIAN(S)  of \_\_\_\_\_, a minor, for and in consideration of THE HORSES FOR HANDICAPPED FOUNDATION OF PINELLAS COUNTY, INC. and the COUNTY COMMISSIONERS OF PINELLAS COUNTY Horses for Handicapped program, do(es) 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 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, 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 THE 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.

### 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.

- I/we fully understand that **MISSING TWO** riding sessions without calling to report a problem with attending that our **RIDER** will be moved to the **BOTTOM** of the "Ready-to-Ride Wait list".
- I/we further understand that Parents and/or Guardians are to wear **CLOSED TOED SHOES** so that I/we might sidewalk in the event that there are not enough sidewalkers available.
- Furthermore, I/we acknowledge that I/we will **NOT** leave the area while my rider is mounted.

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

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

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

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

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

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

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

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