

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) LEGAL GUARDIAN(S)
of _____, 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 **PARTICIPANT** will be moved to the **BOTTOM** of the "Ready-to-Participate 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/legal guardian signature)

Participants Name (printed)

Participants Phone #

Participants Address

Participants Email

Witness Signature

Witness Name (printed) & Phone