

# **HORSES HEALING HEARTS, INC. RELEASE**

## **Acknowledgement of Warning and Assumption of Risk and Complete Release**

**Participant Name:** \_\_\_\_\_

(Please print. If participant is under 18, include name of parent or guardian at bottom of form.)

**Street Address:** \_\_\_\_\_ **City, State & Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Warning: Under Florida Law (FLORIDA STATUTES, TITLE XLV TORTS, CHAPTER 773, EQUINE ACTIVITIES), an Equine Activity Sponsor or Professional is not liable for any injury to, or the death of a participant to Equine activities, resulting in the inherent Risk of Equine Activities.**

In consideration of permission to use today and on all future days,

I, the undersigned participant, hereby expressly agree

1. That I am fully aware of the inherent risk of Equine activities, including but not limited to the propensity of Equines to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an Equine reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals. Certain hazards such as surface and sub-surface conditions, collisions with other Equines or objects and the potential of a participant to act in negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY PARTICIPATION IN EQUINE ACTIVITIES. \_\_\_\_\_ **(Initial)**
2. I have read and fully understand this Agreement. I understand that by making and signing this Agreement I surrender valuable rights, including, but not limited to, my right to sue. \_\_\_\_\_ **(Initial)**

\_\_\_\_\_  
Participant's Signature or Parent/Guardian signature if participant is a minor.

