



EQUINE ACTIVITY SPONSOR RELEASE

WARNING: UNDER FLORIDA LAW, STATUTE #773.01-773.05, AN EQUINE ACTIVITY SPONSOR OR EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

WHEREAS, the undersigned acknowledges the inherent risks involved in riding and working around horses which risks include bodily injury from using, riding or being in close proximity to horses , among other risks, and further, that both horse and rider can be injured in normal use or in competition, schooling, training or community programs.

PHOTO RELEASE: I consent to and authorize the use and reproduction, by Stirrups 'n Strides Therapeutic Riding Center Inc., of any and all photographs and audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

I DO I DO NOT

IN CONSIDERATION, therefore, for the privilege of riding and/or working around horses owned or on the premises of Stirrups 'n Strides Therapeutic Riding Center Inc. and further releases them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to a family member or spectator accompanying the undersigned on/off the premises of Stirrups 'n Strides Therapeutic Riding Center Inc., does hereby agree to hold harmless any injury or accident to any horse that is in the care of the undersigned due to normal circumstances.

PARTICIPANT NAME (Please print) » _____ **DOB»** _____

PARTICIPANT SIGNATURE» _____ **DATE»** _____

Photo ID checked?: Yes: Type ID: _____ No: personally known

WITNESS NAME (Please print) » _____

WITNESS SIGNATURE» _____ **DATE»** _____

(Witness required for participants 18 and over)

PARENT/GUARDIAN NAME (Please print) » _____

PARENT/GUARDIAN SIGNATURE» _____ **DATE»** _____

(PARENT/GUARDIAN SIGNATURE IN THE PRESENCE OF NOTARY is required for volunteers under the age of 18)

Notary Stamp Here

Photo ID check: Yes: type ID: _____ No: personally known

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____.

Notary Public State of Florida

SIGNATURE»: _____