

EQUINE ACTIVITY SPONSOR LIABILITY RELEASE FORM

(Must be completed by each individual rider)

KNOW ALL MEN BY THESE PRESENTS, that _____ (riders name) resides at _____,

(herein after A Participant), desires to engage in and hereby does engage in the following equine activity, to wit: 9th ANNUAL MAIN STREET WAUCHULA TRAIL RIDE, LOCATED IN Hardee County, Florida on November 17, 2018. FOR AND IN CONSIDERATION OF THE ABOVE ACTIVITIES, AND SERVICES, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, hold harmless, remise, acquit, satisfy, and forever discharge, HARDEE COUNTY, MAIN STREET WAUCHULA PROGRAM, INC., A FLORIDA NOT-FOR-PROFIT CORPORATION, AND ALL RELATED ENTITIES, OFFICERS, DIRECTORS, AGENTS, SPONSORS AND EMPLOYEES (HEREINAFTER EQUINE ACTIVITY SPONSOR) OF AND FROM ALL MANNER OF ACTION AND ACTIONS, CAUSE AND CAUSES OF ACTION, SUIT, DEBTS, DUES, SUMS OF MONEY, BONDS, BILLINGS, CONTRACTS, CONTROVERSIES, AGREEMENTS, PROMISES, DAMAGES, VARIANCES, JUDGEMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, IN LAW OR IN EQUITY, WHICH MAY ARISE OR MIGHT IN THE FUTURE ARISE OR HEREIN AFTER MAY ARISE FOR OR AGAINST THE EQUINE ACTIVITY SPONSOR FOR THE ACTIVITIES AS STATED ABOVE AND FURTHER AGREES TO DEFEND AND INDEMNIFY SUCH RELEASEES FOR ALL SUCH ACTIONS. THIS DOCUMENT IS MEANT TO BE A FULL AND COMPLETE RELEASE FROM ANY AND ALL LIABILITY THAT MAY ARISE FROM PARTICIPATING IN THE ABOVE DESCRIBED EQUINE ACTIVITY, OR FROM ANY ACTIVITY THE PARTICIPANT MAY ENGAGE ON THE EQUINE ACTIVITY SPONSOR'S PROPERTY IN PREPARATION FOR THE ABOVE DESCRIBED EQUINE ACTIVITY. PARTICIPANTS ACKNOWLEDGE THAT THIS EQUINE ACTIVITY IS FUNDRAISING ONLY FOR THE NOT-FOR-PROFIT CORPORATION MAIN STREET WAUCHULA PROGRAM, INC., THAT IT IS NOT COMMERCIAL ACTIVITY, AND THAT NO PARTIES ARE DERIVING PROFIT FROM PARTICIPATION IN THIS ACTIVITY OR ARE OTHERWISE ENGAGED IN IT FOR COMMERCIAL PURPOSES.

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. FLORIDA STATE STATUTE-CHAPTER 773.

This release and indemnity has been carefully and fully read by the undersigned, and the undersigned fully understands its terms and conditions, and has voluntarily executed and delivered this release of indemnity as of this _____ DAY OF _____, 2018

PARTICIPANT _____

Consent and Agreement Of Parent Or Legal Guardian For Riders Under 18 years of Age:

I, _____, have read the above release and indemnity in full. I fully understand its terms and conditions, and I hereby voluntarily execute and deliver this release and indemnity and consent to _____'s participation in the activities. I further agree to be fully bound by the terms and conditions of the Release and Indemnity in both my individual capacity and in my capacity as parent/legal guardian for the individual as indicated above.

PARENT OR LEGAL GUARDIAN: _____