



EQUINE ACTIVITY SPONSOR RELEASE

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES/GENERAL LABOR AROUND THE FARM 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 any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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 Hi-Time Farm (Wayne and Betty Gray) 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., Hi-Time Farm (Wayne and Betty Gray). Stirrups 'n Strides Therapeutic Riding Center Inc., Hi-Time Farm (Wayne and Betty Gray) 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 SIGNATURE» _____ **DATE»** _____

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

(Parent/Guardian signature and Notary is required if participant is under the age of 18)

WITNESS SIGNATURE» _____ **DATE»** _____

Affix Notary Seal Here

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

Photo ID check:

Yes Type ID: _____ No Personally known

Notary Public State of Florida

SIGNATURE»: _____