MINOR WAIVER & RELEASE FORM

Rider Name:

Age :

Birth Date :

Gender :

Height:

Weight:

Address :

Riding Experience: Less than 10 Hrs. ☐ More than 10 Hrs. ☐

Does this rider have a physical or mental condition which may affect his/her safety and ability to ride a horse:? Yes ☐ No ☐

Parents/Guardian Information

Name :

Phone :

Address :

Age :

Email Address :

Emergency Contact Information :

Name :

Phone :

Photo Release: Yes ☐ No ☐

I grant permission to JR Show Stables and its representatives to take and use photos of my minor child which may be used for promotional purposes.

I/we understand that horseback riding and related activities, such as eventing and jumping, are very dangerous and involve the risk of serious injury and/or death, and /or property damage, including injury and/or death to horses, spectators and others. Accordingly, I/we agree that any activity engaged in by me or my minor child or visitors accompanying me on the premises owned by JR Show Stables or related to horses or horseback riding is done at my own risk. Accordingly, I /we release and agree to hold harmless the JR Show Stables, employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (herinafter called Releasees) from all liability for negligence or otherwise. I/we assume full responsibility for the risk of bodily injury, illness, communicable disease, death of myself and/or my horse(s) and any property damage due to negligence of Releasees or otherwise while on the premises owned or leased by JR Show Stables and employees or while engaged in horseback riding activities, and/or while training, riding, competing, observing, volunteering, teaching, boarding, working for or for any purpose relating to horseback riding, participating as a rider or spectator in such activities. I/we agree not to sue any Releasees, and I/we agree to indemnify the Releasees from and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to his/her person or property or communicable disease, or death of undersigned whether caused by negligence of the Releasees or otherwise. I / we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements or inducements apart from the foregoing written agreements have been made and none shall be made except by written and signed addendum. **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 resulting from the inherent risks of equine activities.** This warning complies with the notification requirement found in Section 773.04, Florida Statutes (2005). I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ITS CONTENTS.

Signature:

Parent or Guardian of Minor Rider:

Name:

Date :

Complete and sign, save form and attach to email and return to cmsequinellc@icloud.com.
Required prior to riding lesson.