

**EQUESTRIAN SERVICES AGREEMENT
RELEASE OF LIABILITY AND ASSUMPTION OF RISK
HORSE RENTAL, TRAIL RIDES, LESSONS, CAMP, PARTIES, ALL OTHER ACTIVITIES
PLEASE READ CAREFULLY BEFORE SIGNING**

THIS AGREEMENT is hereby made between Orange Blossom Ranch LLC, Orange Blossom Trail Rides LLC,
The Goethe State Forest, and the State of Florida

FULL NAME **and** AGE (all participants) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL _____ OTHER PHONE _____

EMAIL _____ FACEBOOK _____

Today's Activity _____ Future Interest? _____

Weight over 240: YES NO Horseback Riding Experience: BEGINNER OVER 10 HOURS

ANY physical/mental condition which may affect ability to ride a horse? _____

PLEASE INITIAL EACH SECTION AFTER READING

REGISTRATION/PURPOSE: Participant(s) voluntarily agree(s) to participate in horseback riding activities provided by Stable.

AGREEMENT/SCOPE: This Agreement shall be legally binding upon Participant(s), and the Parents or Legal Guardians thereof (if minors), their heirs, estate, assigns, including all minor children, and personal representatives; and shall be interpreted according to the laws of the State of Florida, County of Martin and/or Palm Beach.

INHERENT RISK/ASSUMPTION OF RISK: Participant(s) acknowledge(s) that horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that risks, conditions, and dangers are inherent in horse/equine/animal activities, regardless of all feasible safety measures taken, and Participant(s) agree(s) to assume these risks without exemption.

WILDERNESS EXPERIENCE/INSPECTION OF PREMISES: Participant(s) acknowledge(s) that he/she is taking part in a "WILDERNESS/FARM EXPERIENCE" that may be hazardous to people. Participant(s) acknowledge(s) that the meaning of "WILDERNESS/FARM EXPERIENCE" is defined as the pursuit of activities in natural, agricultural, wild, rugged, and/or uncultivated areas including woods, forests, hills, farm areas, hills, pastures, or wetlands which may be uninhabited by people and inhabited by wild animals, reptiles, insects and birds of many types and species.

MEDICAL TREATMENT: Participant(s) agree(s) that should medical treatment be required, Participant(s) and/or Participant's medical insurance company SHALL PAY FOR ALL such incurred expenses resulting from horseback riding or farm visiting activities.

EQUESTRIAN SERVICES AGREEMENT
RELEASE OF LIABILITY AND ASSUMPTION OF RISK
HORSE RENTAL, TRAIL RIDES, LESSONS, CAMP, PARTIES, ALL OTHER ACTIVITIES
PLEASE READ CAREFULLY BEFORE SIGNING

CARRY-ON OBJECTS/LOUD NOISES: Participant(s) acknowledge(s) that when approaching, mounting, and riding horses, if Participant(s) choose(s) to carry items which may fall, blow away, flap in the wind, bounce, or make loud or strange noises, this may scare or startle horses causing them to react in unpredictable ways.

SADDLE/GIRTH LOOSENING AND TACK SAFETY: Participant(s) acknowledge(s) that saddle girths and/or other pieces of tack may loosen or break during riding. Riders must immediately alert the nearest attendant of any girth looseness or tack failure so action can be taken to prevent the potential for the rider to fall from the horse.

HELMET POLICY: It is the policy of this stable that **ALL RIDERS MUST WEAR HELMETS** approved for horseback riding, **NO EXCEPTIONS.**

RIDING "OFF-PROPERTY": Participant(s) acknowledge(s) that a fee has been paid to the Stable for riding instruction ONLY, and that any trail rides, or riding of any type that occurs on land not owned or leased by Stable is being offered "gratis", or not for a fee.

LIABILITY RELEASE: Participant(s) acknowledge(s) in consideration of Stable allowing participation in any and all horseback riding and farm activities, under the terms set forth herein, Participant(s) for themselves and on behalf of their child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Stable, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on their behalf (herein, collectively referred to as "Associates").

SIGNER STATEMENT OF AWARENESS: Participant/Signer acknowledges and represents by signing below that they have read and do understand the foregoing **LIABILITY RELEASE** and **ASSUMPTION OF RISK AGREEMENT**, and that by signing this document they are giving up all rights to sue today and in the future, and further attest that all facts are true and accurate, and that Participant/Signer is signing this while of sound mind and not suffering from shock, or under the influence of alcohol, drugs or intoxicants.

X _____
Participant Signature (or Parent/Guardian of Minor) Date

X _____
Please print name

Emergency Contact

Relationship

Phone Number