

INSTRUCTIONS: Each parent/student/person must read and initial top section, read, print, sign, and complete section below.

## 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.

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(INITIAL)

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(INITIAL)

## RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in the renting of a horse, taking horseback riding lessons, the preparation for horse showing, the boarding of horses, or the participation in horse shows from David Chretien, Steve Old, Linda McCorkle, Liz Curtain, Five Gait Enterprises LLC, or any employee, agent, designee or assistant of David Chretien, Steve Old, Linda McCorkle, Five Gait Enterprises LLC, and with the understanding that a horse maybe startled by sudden movement, noise, or other factors, even intentional other factors which are designed to make a horse "bright" such as fireworks, bags, or other noise makers, and the animal may suddenly shy, rear, stop short, buck, kick or run with, or without its rider. I AGREE TO ASSUME THE RISKS in such participation including, but not limited to, those risks set out above, and, on my own behalf, or on the behalf of my child or ward or ward's heirs, executors, and administrators, RELEASE, and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs, or expenses of any nature, arising out of or in way connected with my participation and or the participation of my child or ward in horseback riding, horse show activities and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses, including, but not limited to, attorney's fees and disbursements.

The released parties are David Chretien, Steve Old, Linda McCorkle, Liz Curtain, Five Gait Enterprises, or any other employee, agent, designee or assistant of the same as well as, their parent, related, affiliated, and subsidiary companies, and their officers, directors, employees, agents, representatives, successors, and assigns of each. I understand that this release and indemnity agreement includes any claims based upon the negligence, gross negligence, actions, or inactions of any of the above released parties and covers bodily injury, death and property damage, whether suffered by me, my child or ward, or my property, before, during, or after such participation in any equine activity.

I understand and it is my intention by executing this agreement to relieve David Chretien, Steve old, Linda McCorkle, Five Gait Enterprises, or any employee, agent, designee, or assistant from any and all liability, from David Chretien, Steve Old, Linda McCorkle, Five Gait Enterprises LLC, or any employee, agent, designee or assistant's negligence in whole or in part. This would include David Chretien, Steve Old, Linda McCorkle, Liz Curtain, Five Gait Enterprises LLC, or any employee, agent, designee, or assistant's sole negligence; David Chretien, Steve Old, Linda McCorkle, Five Gait Enterprises or any employee, agent, designee, or assistant's negligence and others.

I am aware of the risks and dangers involved in horseback riding and that both anticipated and expected dangers as well as unanticipated and unexpected dangers may arise, particularly in preparing and showing horses. I expressly assume all risks of injury to my person, that of my child or ward, and property that may be sustained as a result.

I represent and certify that I am of age and that if I am under the age of eighteen (18) years, I represent and certify that I have permission of my parents and/or guardian to participate in equine activities as evidenced by their signature on this document as well as my own.

**I HAVE READ AND UNDERSTOOD THE ABOVE AND  
AGREE TO ALL TERMS SET FORTH ABOVE.**

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Email Address:  
\_\_\_\_\_

Do you want to receive occasional email notifications of our calendar of events?

\_\_\_\_\_ yes \_\_\_\_\_ no