

WHEREAS, the undersigned acknowledges that there are certain inherent risks (including but not limited to property damage, personal injury and/or death) arising from using, riding, handling and/or being in close proximity to horses and, further, that both horse and rider/handler can be injured in normal riding, competition and/or schooling;

IN CONSIDERATION for the privilege of riding, handling and/or being around horses (whether as an active participant or simply as a spectator) at EQUESTRIAN'S FIRST PLACE, LLC, ("COMPANY") as well as owner of property Gregory Guiliano at 11128 Sunset Blvd., Royal Palm Beach, FL , or any other location where COMPANY operates, the undersigned does hereby agree to hold harmless and indemnify and release COMPANY and its representatives from any losses, damages, liabilities or expenses which may arise from any accident, damage, injury, illness and/or death to the undersigned, the undersigned's child, legal ward or any horse owned or furnished to COMPANY by the undersigned while on COMPANY's premises; and, that except in the event of COMPANY's gross and willful negligence, the undersigned shall bring no claims, demands, actions and/or litigation against COMPANY and/or its representatives for any economic and/or non-economic losses due to property damage, personal injury and/or death sustained by the undersigned and/or the undersigned's minor child and/or legal ward and/or any horse owned or furnished to COMPANY by the undersigned in connection with any such activity.

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 an equine activities resulting from the inherent risks of equine activities.

THIS RELEASE and Hold Harmless Agreement shall be binding upon the undersigned's respective heirs, next of kin, personal representatives, executors and administrators, predecessors, successors, permitted assigns, subsidiaries, affiliates and any of the undersigned's employees, agents, officers, directors and/or trustees.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, 20____.

Participant's Signature

Participant's Printed Name

Participant's Signature

Participant's Printed Name

Parent or Guardian Signature

Parent or Guardian of Printed Name

Equestrians First Place, llc. Health Form
Summer Camp 2011

Name _____

Address _____

Parents Names / Gaurdian _____

Emergency Contact _____

Allergies / Meds _____

Health Insurance info (optional) _____

Equestrians First Place, llc. Health Form

Cont.

Any other important information that you feel we need to be aware of regarding your child :
