

Suwannee River Riding Club 2022 Liability Waiver Form

Participant's Adult Name: _____

Participant's Spouse's Name: _____

Participant's Minor Name: _____

Participant's Minor Name: _____

Participant's Minor Name: _____

I, the undersigned and/or my spouse, child or children understand that horseback riding activities, and just being around a horse, exposes the undersigned, his/her, child or children to risks and dangers. I/We fully understand and comprehend that horses and horseback riding by their nature are hazardous. I/We appreciate the opportunity to ride AS GUESTS at the Suwannee River Riding Club, Branford, Florida, and I/We knowingly accept all risks and hereby release and indemnify the Suwannee River Riding Club, it's Officers, Board of Directors, Members and properties from all liabilities, claims, causes of action, damages or any relief sought as a result, directly or indirectly, of injuries, accidents or death caused by on in connection with riding or participating in equine activities while on the grounds of the Suwannee River Riding Club. I/We understand that, by my/our signature, my/our relatives, heirs, successors and/or assigns do hereby forfeit rights to any and all liabilities, claims, causes of action, damages or relief sought as a result, directly or indirectly of injuries, accidents or death to my/our person(s) whatsoever while on the Suwannee River Riding Club grounds.

In the event of a medical emergency the Suwannee River Riding Club agrees to call the emergency contact if information is provided. In the event that the Suwannee River Riding Club cannot reach the emergency contact provided, the undersigned agrees to hold the Suwannee River Riding Club harmless for appropriate medical treatment. I/We consent to allow medical treatment for myself, my spouse, my child or my children in the case of an emergency.

I also acknowledge that, under Florida law, an equine activity sponsor or professional is not liable for any injury to or the death of a participant in equine activities resulting for the inherent risk of equine activities, pursuant to Chapter 773 of Title 04 of the Official Code of Florida Annotated.

The parties here to have executed this Agreement this _____ day of _____ 2022
This waiver is good for the 2022 calendar year.

**Participant's Printed Name/ Spouse's Name
(or Parent/Guardian if a minor)**

**Participant's Signature
(or Parent/Guardian if a minor)**

If the participant is a minor then a parent or legal guardian must sign

Participant's Spouse Name

Participant's Spouse Signature

Emergency Contact _____

Phone _____