

**Sarah Russell Stables and
Third Party Owners
Liability Release, Agreement Not to Sue, and Indemnity
Agreement**

I, Parent/Guardian of _____, desiring to have my child take horseback riding lessons and/or use the facilities and horses at Sarah Russell Stables, which will include the use of horses that are owned by third parties (hereinafter referred to as "Third Party Owners"), and which will take place on the property address 29319 Hadlock Dr. Wesley Chapel, FL, acknowledge that horseback riding and activities that are incidental to horseback riding are inherently dangerous activities. I further acknowledge that serious injury or death of my child can result from engaging in such activities.

In consideration of the use and enjoyment of the aforementioned facilities and horses, including horses owned by Third Party Owners at Sarah Russell Stables and/or the furnishing of horseback riding lessons to my child, I agree on behalf of myself, my child and his or her heirs, successors and legal representatives, forever to release Sarah Russell Stables and all of its past, present and future employees and their representative heirs and legal representatives (hereinafter collectively referred to as "Sarah Russell Stables"), all Third Party Owners and all of their heirs, successors, agents and legal representatives (hereinafter collectively referred to as "Third Party Owners") from all liability and agree not to sue Sarah Russell Stables and/or Third Party Owners in connection with any and all damages, claims, demands, rights, and causes of action are based upon personal injuries or property damage to my child or the death of my child arising out of horseback riding, lessons, the use of the facilities and horses at Sarah Russell Stables, or any activities incidental thereto.

I further agree to indemnify Sarah Russell Stables and Third Party Owners and to hold each of them harmless from all damage, actions, causes of actions, claims judgments, executions, debts, cost of litigation and attorney's fees, which may in any way arise out of, or

result from the furnishing of horseback riding lessons to my child and/or the use of the facilities and horses of Sarah Russell Stables, and Third Party Owners, and/or any activities incidental thereto at any time from the date of this Release.

I am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing myself or my children in a stables environment is creating a hazardous condition _____(initials).

I understand that riding horses or ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that serious injury to my child may result from equestrian accidents _____(initials).

I realize that professional instruction cannot prevent serious injury or death of my child from working around, handling, or riding horses and/or ponies _____(initials).

I am aware that serious injury or death of my child's horse or pony is possible when it is handled, trained, or in a lesson _____(initials).

I understand that I am fully responsible for any guests that I may have on the property and that I am responsible for fully informing the guest of all risks related to being around, handling or riding horses _____(initials).

Sarah Russell Stables, its owners, and employees have my permission to initiate emergency first aid treatment for my child and/or myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my child and/or myself _____(initials).

I have read and understand the Release of Liability, Agreement Not to Sue, and Indemnity Agreement, and I acknowledge that by executing this agreement, I am giving up valuable rights_____ (initials).

WARNING—NO PERSON MAY RIDE UNLESS:

1. His/Her Parent/Guardian has signed the Release and Waiver.
2. He/She is wearing adequate protective headgear and is wearing boot and/or shoes with a heel.

UNDER FLORIDA LAW, AN 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 PURSUANT TO THE GENERAL LAWS.!

Signature of
Parent/Guardian_____

Date_____

Printed Name of
Parent/Guardian_____

Address_____

City, State, Zip_____

Phone/Cell_____