

Serenity Stables & Serenity Saviors, Inc.

20052 Bowman Road, Spring Hill, FL 34610

Participant(s) Release/Waiver/Hold Harmless/Indemnity Agreement

**Please Read Carefully Before Signing. READ and initial each paragraph and sign at bottom.
(An adult parent, legal guardian, or legal representative, or responsible party must initial and sign if any participant is under age 18.)**

I acknowledge that I am an adult participant/ parent/ legal representative or guardian for a minor or am acting as a host/hostess and am the responsible party for any guest participant(s) and I will be responsible for any and all costs/damages incurred by any participant(s) ____ (**Initials**) or any participant's family members for all sums, injuries or property damage that I or my guest(s) or family may incur, and that I have accident medical insurance coverage in force for any injuries that I or my family or guest(s) may incur.

I acknowledge that I will be responsible for my/our negligent acts, the negligent acts of my guests and family members and/or legal wards and for the acts of any animals that we bring. I/we carry personal liability insurance coverage which is now in full force and effect ____ (**Initials**) and will indemnify Serenity Stables LLC, the owners, their officers, directors, members, employees, affiliated organizations, and others acting on their behalf.

I acknowledged that all participants and guests should wear ASTM- standard/SEI- certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of participant's head injuries in the event of a fall or other equestrian related accident. ____ (**Initials**) I acknowledge that my guests/family and I are participating in a equine activity totally at our own risk for injuries or property damage that we may incur and, I acknowledge that I and any participants hereby released and hold harmless and agree to indemnify Serenity Stables LLC for any damages, costs or other expenses incurred by Serenity Stables LLC, any sponsor, their owners, their officers, directors, members, employees, affiliated organizations and others acting on their behalf from any claims, legal liability, legal actions or rights for damages, for any accident or injuries which may occur to me/us or our animals at this activity and/or event. This agreement is made to ____ (**Initials**) waive any legal claims that I/we may have any right to bring against Serenity Stables LLC any sponsor, their owners, their officers, directors, members, affiliated organizations and others acting on their behalf to the fullest extent allowed by law. This agreement also is made to indemnify and fully protect Serenity Stables LLC, any sponsor, their owners, their officers, directors, members, affiliated organizations and others acting on their behalf for any harm or damage caused by me/us or our animals in consideration for allowing my/our participation. I have been advised to read or have read the provisions of Chapter 773 of the Florida Statutes dealing with Equine Activities. I understand an Equine Activity Sponsor is not liable for any injury to or the death of a participant resulting from the inherent risks of ____ (**Initials**) equine activities and no participant nor any participant's representative shall have any claim against or recover from any equine activity sponsor for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities. F.S. 773.02

The undersigned as a participant/parent/legal guardian or legal representative /agent /responsible party, being of legal age and fully competent to contract, have read and understand this agreement and have initialed each of the above paragraphs for the purposes and intent expressed above.

DATED in Pasco County, Florida this _____ day of _____ 20__.

Print name of participant

Signature of participant

Print name of parent, guardian, or Legal Representative/Agent

Signature of parent, guardian, or legal Representative/Agent

Emergency Contact Phone Number: _____

Email Address: _____