



Justin' Time Stables Release Form

*Acknowledgment of Risk, Acceptance of Responsibility
and Waiver of Claims*

I recognize that there is a significant element of risk involved in the partaking of horseback riding, horse clinics and/or the handling of horses. Knowing the inherent risks, danger and rigors involved in horseback riding, horse clinics and/or the handling of horses, I assume responsibility for myself for bodily injury, death, loss of personal property, and all expenses thereof, which may occur as a result of my participation in the handling of horses and/or the taking of horseback riding lessons or horseback riding at the location of Justin' Time Stables. I waive any and all claims that may result there from. I recognize the risk of serious injury is increased by not wearing a **Riding Helmet** while horseback riding. I, and anyone accompanying me, while riding agree to wear a Riding Helmet of a type designed and approved for horseback riding **at all times**. I assume full responsibility for myself, and anyone accompanying me, in the event I choose not to wear an approved Riding Helmet correctly or choose not to wear one at all. I have read, understand, and agree to the terms and conditions stated herein. I have entered into this agreement for good and valuable consideration, the receipt and sufficient of which is acknowledged, and as a condition of my participation in horseback riding, horse clinics and/or the handling of horses offered at or by Justin' Time Stables. I acknowledge that this agreement shall be effective and binding upon me during the entire period of my participation in the horseback riding, horse clinics and/or the handling of horses while participating with Justin' Time Stables and under the directions of its employees and/or clinicians.

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.

Dated this the _____ day of _____, _____ by: _____
(date) (month) (year) (Signature of Participant)

Participant: _____ Phone: _____
(Printed name)

Legal Guardian: _____
(If participant is a minor child)

Address: _____

Emergency Contact:
Name: _____
Phone: _____

eMail: _____

Acceptance of Equine Professional: _____
(date)