



15550 SE 36<sup>th</sup> Ave, Summerfield, FL 34491

**Agreement for Release and Waiver of Liability**

I request permission to participate in horseback riding lessons, trail riding and camp with Lisa M. Stewart, William G. Stewart and their employees.

I fully understand that horseback riding is a very dangerous activity. I wish to participate in these activities knowing that they are dangerous.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against Lisa M. Stewart, William G. Stewart and their employees, guests or other persons providing instruction, for injury (including death), to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in these dangerous horseback riding activities, and I also agree if anyone makes any claim because of any injury to me (including death), or for any damage to my property, I will keep all those released by these agreement free of any damages or costs because of those claims.

**Equine Activity Sponsor Release**  
Know all men by these presents, that

Student/Rider \_\_\_\_\_  
Who resides at \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

(Hereafter referred to as "Participant"), desires to engage in and does hereby engage in the following activity, to wit: Horseback riding activities and related activities as described above, located at territory designated on fixture.

For and in consideration of the above activities, services and entry fees paid, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, remise, acquit, satisfy and forever discharge the Equine Activity Sponsor of and from all manner of action and actions, causes and causes of action, suit, debts, dues, sums of monet, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgements, executions, claims and demands whatsoever, in law or in equity, which may arise or might arise in the future arise or herein after may arise for or against the Equine Activity Sponsor for the activities stated above.

This document is meant to be a full and complete release from any and all liability that may arise from participating in the above-described equine activity. This release is given freely and voluntarily by the Participant and is meant to remain in existence throughout the duration of the equine activity.

**Warning**

Under Florida law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Parent (If Participant is under 18 years of age)

**Photo/Audio/Video Release:**

\_\_\_\_ I being parent/guardian of \_\_\_\_\_ hereby consent that the photographs, audio, and video's by Havensight Farm, it's assigns or Successors, in whatever way they may desire, including audio/video productions and television; furthermore, I hereby consent that such shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such as they may desire, free can clear of any claims whatsoever on my part.

\_\_\_\_ I being parent/guardian of \_\_\_\_\_ Do Not consent that the photographs, audio, and video's by Havensight Farm, it's assigns or Successors, in whatever way they may desire, including audio/video productions and television; furthermore, I hereby consent that such shall be their property, and they shall have the right to duplicate, reproduce and make other uses of such as they may desire, free can clear of any claims whatsoever on my part.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Authorization for Medical Treatment of Minors:**

I give permission for my child to receive basic medical treatment from the Havensight Farm Staff. In the event an emergency should arise, whereby my child should need medical attention or hospitalization, permission is granted to a representative of Havensight Farm to grant authorization for necessary care. I understand that every effort will be made to contact me. In the event my child becomes ill and cannot continue with the week/day, I as parent/guardian do understand that a refund will not be given.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**Health History**

**Allergies:** Please list all allergies, the type of reaction and its severity, and treatment. Include all allergies to medications, food, bees, animals, plants etc.

Allergy	Reaction/Severity	Treatment	Date of last reaction

Does your child suffer from Anaphylaxis? \_\_\_Yes \_\_\_No

Does your child carry an Epi-pen? \_\_\_Yes \_\_\_No      Does your child carry an Inhaler? \_\_\_Yes \_\_\_No

**Medical Condition:** Please list any precautions or restrictions on farm activities.

\_\_\_\_\_

**My child has permission to engage in all prescribed activities, except as indicated above by me.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_