

# ~ MALACHI ACRES, LLC ~

## EQUINE / RIDING RELEASE FORM

STUDENT/RIDER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE CO: \_\_\_\_\_ POLICY: \_\_\_\_\_

### **ASSUMPTION OF KNOW RISKS**

I, the undersigned, fully understand that the activity I am about to undertake, i.e., horseback riding and related equestrian activities, is an activity to which there are many dangers. I understand and intend to release Malachi Acres, LLC., as owners, agents, operators, employees and other representatives, from any and all liability that may result from falls, trips, kicks, and/or any other occurrence that may cause me injury while in engagement of this activity, or anytime before or after participating in such activity.

### **ASSUMPTION OF UNKNOWN RISKS**

I understand that participating in the activity of horseback riding and related equestrian activities, involves a substantial amount of unknown risks of danger and/or possible persona injuries, caused to myself or my personal horse. I expressly intend to release from all liabilities, and/or hold harmless any and all owners, agents, operators, employees and other representatives for any possible injuries I, or my horse, may sustain while on the premises of engaged in equestrian activities.

### **ASSUME RISKS OF NEGLIGENT ACTS**

I understand and expressly intend to release and/or hold harmless, any and all owners, agents, operators, employees and other representatives of Malachi Acres, LLC., of any liability for any injuries I, or my horse, may sustain as a direct result of proximately caused by their negligence of negligent acts.

“Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities”.

\_\_\_\_\_  
(participant)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(signature of parent/guardian, if minor)

\_\_\_\_\_  
(date)

Referred by: \_\_\_\_\_