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VOLUNTEER LIABILITY RELEASE FORM

Name: _____ Age: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact #1: _____ Emergency Contact #2: _____

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.

The undersigned volunteer, in consideration of participating in any and all horse related activities, hereby forever releases and discharges Equestrian Inc., its officers, directors, agents, volunteers, advisors and/or representatives in any location where horse related activities are conducted or horses and/or property are used from any and all claims, rights, demands, actions, causes of action, expenses and damages of any kind which he or she may ever have, whether known or unknown. The undersigned further understands the risk involved in participating in volunteer activities to include serious injury or death and fully assumes said risk for any injury, loss or damage of any kind resulting from such associated activities.

It is further understood that all volunteers should maintain a policy of insurance covering medical treatment and all related costs in the event of an injury as a result of participating in any and all Equestrian Inc. activities and that should said volunteer choose not to maintain a policy of insurance that they are liable for medical treatment and all related costs in the event of an injury as a result of participating in any and all Equestrian Inc. activities. Volunteers hereby agree to assume all expenses, medical, liability, or otherwise, arising out of any injury to them while participating in any horse related activity or event either at Equestrian Inc. and understands that Equestrian Inc. does not provide health, accident, or liability insurance to participants in horse related activities.

I acknowledge that I must treat the horses and fellow volunteers with respect and dignity and under no circumstances will any form of abuse be tolerated against any animal or person, be it physical, verbal or otherwise, and should said referenced events occur I will be asked to leave and will no longer be eligible to participate in any Equestrian Inc. volunteer activities.

The person executing this Release acknowledges that there is a valid consideration to executing this Release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above and have read, fully understand and voluntarily agree to this Release and that no oral representatives, statements or inducements apart from this Release have been made to me.

Medical Consent to Treat/Medical Consent to NOT Treat

In the event that emergency medical aid/treatment is required by me for illness or injury while on any Equestrian Inc. property or participating in any Equestrian Inc. related activity _____ **I DO** _____ **I DO NOT** authorize Equestrian Inc. to secure and obtain medical treatment and/or transportation if needed. (This authorization includes any treatment/procedure deemed "lifesaving" by a physician, hospital or other medical facility. This provision will only be invoked if emergency contacts listed above cannot be reached and Equestrian Inc. must act on my behalf.

Any known medical conditions/allergies: _____

Physician's Name: _____

Physician's Phone #: _____

VOLUNTEER SIGNATURE: _____ **DATE:** _____

GUARDIAN SIGNATURE: _____ **DATE:** _____

I as parent or guardian of the above applicant, represent to Equestrian Inc. that the facts concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any equine related activity, and, further, in consideration of allowing my child or ward to participate in such activities agree individually and on behalf of my child or ward, to the terms of the above foregoing release, waiver and indemnity agreement.

__ Community Service Volunteer

__ School Volunteer

__ Volunteer