

**Release, Indemnification, and Waiver Agreement**

All activities, not limited to the riding and handling of horses, will be done at my own risk. Accordingly, I release and agree to hold harmless Amanda Lyons, Hope Stables, and Hope International Ministries, Inc. of all liability for negligence or otherwise.

I, also, for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge and covenant not to sue property owner or Amanda Lyons for any and all loss, damage, claims, obligations, costs and expenses on account of injury or damage to me, my horse, my children, my guests, or property arising out of use of this facility. This includes any transportation for me or my horse by this facility. I agree that this Release, Indemnification, and Waiver Agreement is intended to be as broad and inclusive as is permitted by the state where these activities are conducted, and if any part hereof is invalid, it is agreed that the balance shall continue in full force and effect. I understand that the above mentioned parties do not provide insurance to cover any loss or illness of my horse, tack, or liability for them and I will provide my own insurance if I so choose. I acknowledge that horseback riding and other associated activities are inherently dangerous. Although not likely, risk of injury is a possibility.

**WARNING: Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to or death of a participant in equine activities resulting from the inherent risk of equine activities.**

Do you permit us to use pictures and/or recordings of you for advertising purposes?  YES  
 NO

\_\_\_\_\_

Participant's SignatureSignature of parent/legal guardian

\_\_\_\_\_

DateDate

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ # \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
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