

**Baker County Horse Association
Release Form**

Participant Name _____

I, the undersigned and/or my spouse, child or children understand that horseback riding activities, and just being around a horse, exposes the undersigned, his/her spouse, child or children to risks and dangers. I/We fully understand and comprehend that horses and horseback riding by their nature are hazardous. I/We appreciate the opportunity to ride at the Baker County Fairgrounds & Arena as guests of the Baker County Horse Association, Macclenny, Florida, and I/We knowingly accept all risk and will hereby release and indemnify Baker County Horse Association, its Officers, Board of Directors, Members and properties from all liabilities, claims, causes of action, damages or any relief sought as a result, directly or indirectly, of injuries, accidents or death caused by or in connection with riding or participating in equine activities while on the grounds of the Baker County Horse Association Arena & Fairground. I/We understand that, by my/our signature, my/our relatives, heirs, successors and/or assigns do hereby forfeit rights to any and all liabilities, claims, causes of action, damages or relief sought of as a result, directly or indirectly of injuries, accidents or death to my/our person(s) whatsoever while on the Baker County Horse Association Arena & Fair Association grounds.

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

Baker County Horse Association agrees to call the following emergency contact in case of a medical emergency. In the event that Baker County Horse Association cannot reach the individual listed, the undersigned agrees to hold harmless Baker County Horse Association for appropriate medical treatment. I/We consent to allow medical treatment for myself, my spouse, my child, or my children in the case of an emergency.

Contact _____ Phone _____

The parties hereto have executed this Agreement this _____ day of _____ 2010

Printed Name, of Parent and/or Legal Guardian

Participant Signature, parent and/or Legal Guardian