



LIABILITY WAIVER

Name _____
Street Address _____
City, State, Zip _____
Phone _____ Alternate Phone _____
Email Address _____

EMERGENCY CONTACT:

In case of emergency, whom should we notify? For your safety, please list two (2) persons:

Name _____ Relationship _____
Address _____
Phone (H) _____ (W) _____ (C) _____
Name _____ Relationship _____
Address _____
Phone (H) _____ (W) _____ (C) _____

****I have read and fully understand the Volunteer Rules. Please initial _____**

Liability Waiver: I, the undersigned, have read and understand the following:
Under Florida Statute 773.02, an equine activity sponsor or equine professional, or any other person, which shall include a corporation shall not be liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature

Date

Legal Guardian (if under 18 years of age)

Date