

**ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**
**Read it in its entirety. Fill in the blanks, sign and date at bottom. Please
fill out one (1) release form per participant.**

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding with Wolfe's Born to Ride LLC.

I understand that the activity of horseback riding involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variation in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, manmade or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause.

I understand that the equipment being used by Wolfe's Born to Ride LLC is maintained to the best of their abilities. I agree to assume all risk of injury or death caused by equipment failure, whatever the cause.

As consideration for being permitted by Wolfe's Born to Ride LLC to engage in the activity of horseback riding I do hereby waive any claim and release Wolfe's Born to Ride LLC and all owners, officers, members, affiliated organizations, horse and land owners, agents and or employees for any injury or death caused by or resulting from my participation in the activity of horseback riding.

This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or my family of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS
RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS
TERMS.**

Under 18 years of age, signature of parent or guardian is required

Participant's Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone _____

Signature _____ Date _____

**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.**