

**Suncoast Stables and Riding Academy and/or Krystle Lee**  
**Third Party Owners**  
**Liability Release, Agreement Not to Sue, and Indemnity Agreement**

I, \_\_\_\_\_ Parent/Guardian of, \_\_\_\_\_, (my child) desiring to have my child take horseback riding lessons and/or use the facilities and horses at Suncoast Stables and Riding Academy and/or Krystle Lee (hereinafter referred to as "Suncoast Stables"), which will include the use of horses that are owned by third parties (hereinafter referred to as "Third Party Owners"), and which will take place on the property address 1108 Altamont Lane Odessa, FL 33556, acknowledge that horseback riding and activities that are incidental to horseback riding are inherently dangerous activities. I further acknowledge that serious injury or death of my child can result from engaging in such activities.

In consideration of the use and enjoyment of the aforementioned facilities and horses, including horses owned by Third Party Owners, at Suncoast Stables, and/or the furnishing of horseback riding lessons to my child, I agree on behalf of myself, my child and his or her heirs, successors and legal representatives, forever to release Suncoast Stables and all of its past, present and future employees, officers, directors and agents and their representative heirs and legal representatives (hereinafter collectively referred to as "**Suncoast Stables**"), all Third Party Owners and all of their heirs, successors, agents and legal representatives (hereinafter collectively referred to as "**Third Party Owners**") from all liability and agree not to sue Suncoast Stables and/or Third Party Owners in connection with any and all damages, claims, demands, rights, and causes of action are based upon personal injuries or property damage to my child or the death of my child arising out of horseback riding, lessons, the use of the facilities and horses at Suncoast Stables, or any activities incidental thereto.

I further agree to indemnify Suncoast Stables, and Third Party Owners and to hold each of them harmless from all damage, actions, causes of actions, claims judgments, executions, debts, cost of litigation and attorney's fees, which may in any way arise out of, or result from the furnishing of horseback riding lessons to my child and/or the use of the facilities and horses of Suncoast Stables, and Third Party Owners, and/or any activities incidental thereto at any time from the date of this Release.

I am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing myself or my children in a stables environment is creating a hazardous condition \_\_\_\_\_(initials).

I understand that riding horses or ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that serious injury or death to my child may result from equestrian accidents. \_\_\_\_\_(initials)

I realize that professional instruction cannot prevent serious injury or death of my child from working around, handling, or riding horses and ponies. \_\_\_\_\_(initials)

I am aware that serious injury or death of my child's horse or pony is possible when it is handled, trained, or in a lesson. \_\_\_\_\_(initials)

I understand that I am fully responsible for any guests that I may have on the property and that I am responsible for fully informing the guest of all risks related to being around, handling or riding horses. \_\_\_\_\_(initials)

Suncoast Stables, its owners, employees and associates have my permission to initiate emergency first aid treatment for my children and/or myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children and/or myself. \_\_\_\_\_ (initials)

I have read and understand the Release of Liability, Agreement Not to Sue, and Indemnity Agreement, and I acknowledge that by executing this agreement, I am giving up valuable rights. \_\_\_\_\_(initials)

**WARNING NO PERSON MAY RIDE UNLESS THEY:**

1. Have permission of the management, abide by the management's rules and have signed the Release and Waiver, Rider Application, and Medical Release Form.
2. Are wearing adequate protective headgear (required for all minors) or have signed a headgear waiver and are wearing boots and or shoes with a heel.
3. Maintain control of their horse, ride within their ability, and only in a lesson unless on their own horse.
4. Have had all their tack and equipment properly inspected and in safe operational condition.

**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 risk or equine activities.**

**773.05 Limitation on liability of persons making land available to public for recreational purposes. Nothing in ss.773.01-773.05 shall be construed to limit in any way the limitation of liability granted to private citizens who allow the public to use their land for recreational purposes as provided in s.376.251.**

IN WITNESS WHEREOF, I have set my hand this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

**Signature of Parent/Gaurdian:** \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**FOR RECOMMENDATION AND WAIVER USE OF ASTM/SEI APPROVED PROTECTIVE HEADGEAR**

Suncoast Stables and Riding Academy, LLC. recommends the use of a properly fitting ASTM/SEI approved equestrian helmet for all individuals participating in horseback riding activities. Protective helmets are REQUIRED for all minors.

Suncoast Stables and Riding Academy, LLC. will provide ASTM/SEI approved helmets.

I understand the additional safety an ASTM/SEI approved equestrian riding helmet provides

I have read, understand and agree to be bound by the stipulations stated in the warning.

**Signature of Parent/Gaurdian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CANCELLATION AND PAYMENT POLICY**

To receive a lesson credit, at least 24 hours notice must be given if a lesson is to be missed, except for last minute sickness. In order to receive the discounted price for lessons, payment for one month of lessons must be paid on the first lesson of the month and paid in cash.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_