

MARION THERAPEUTIC RIDING ASSOCIATION, INC.
6850 SE 41st Court, Ocala, FL 34480 (352)732-7300
Liability/Emergency Medical Treatment Release

(PLEASE PRINT)

Current date: _____

Participant's Name: _____

Date of Birth: _____ Male/Female: ____ Age: ____

Parent or Guardian _____

Address: _____ City: _____ State: ____ Zip: _____

Phone #: Home: _____ Work #: _____

Cell/Mom: _____ Cell/Dad: _____ Cell/Guardian: _____

E-mail address: _____

EMERGENCY MEDICAL RELEASE:

In case of a **Medical Emergency**, the undersigned authorizes **Marion Therapeutic Riding Association, Inc.** to provide such medical assistance as they determine to be necessary.

SIGNATURE OF CLIENT *IF LEGAL AGE (18)* _____

SIGNATURE OF PARENT OR GUARDIAN *IF UNDERAGE* _____

(Print name of parent or guardian) _____

!!WARNING!!

UNDER FLORIDA LAW, AN EQUINE ACIVITY 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. FL STATUTE #s773.01

LIABILITY RELEASE AGREEMENT

_____ (Participant's Name) would like to participate in a **Marion Therapeutic Riding Association, Inc.** equine related program. I acknowledge the risks and potential for risks of equine activities. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against **Marion Therapeutic Riding Association, Inc.**, its Board of Directors, personnel/volunteers, Hillcrest School and Marion County School Board for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating in riding or driving at **Marion Therapeutic Riding Association, Inc.**

SIGNATURE OF CLIENT *IF LEGAL AGE (18)* _____

SIGNATURE OF PARENT OR GUARDIAN *IF UNDERAGE* _____

(Print name of parent or guardian) _____