

Homeschool Horsemanship Group Registration Form

Name of Child: _____

Name of Parent: _____

Address: _____

Phone: Home _____ Cell: _____

Email: _____

Please check box if you will be attending class monthly

Saddle Up Club Photo Release

I hereby consent to and authorize the use and reproduction by Saddle Up Riding Club, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Participant's name: _____

Signature: _____ Date: _____

Parent's Signature required if under 18

WARNING

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT
LIABLE FOR AN INJURY TO, OR THE DEATH OR, A PARTICIPANT IN EQUINE ACTIVITIES
RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

(IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC and PARK RANCH AND ARIANNA LLC and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Date _____

Participant's printed name _____ Signature _____

Parent's Signature required if under 18