



TURNING LEAF FARM

Hunter~Jumper Horses & Melody Taylor-Scott Ohlwiler

Located at Paquette Stables

12831 US – 41, Springhill, FL 34610 508 397-6959 www.TurningLeaf-Farm.com

STUDENT / BOARDER INFORMATION AND WAIVER FORM

**** PLEASE PRINT LEGIBLY ****

Name of Student/Boarder _____ Date of Birth _____

Name of Parent (if student is under 18 yrs. of age) _____
Address _____

EMAIL: _____
(print clearly please!)

City _____ State _____ Zip _____

Telephone Cell _____ Work _____

Emergency Phone _____ Name _____

Medical Insurance Carrier _____

I, _____ fully understand the risks inherent in horseback riding and certify that I,(my child) ride at my own risk. Further, I agree to hold harmless and not bring suite against **Melody Taylor-Scott Ohlwiler, Melanie E.Scott, nor Turning Leaf Farm Hunter-Jumper Horses, nor Paquette Stables 12831 US – 41, Spring Hill, FL 34610**, nor their Owners, Heirs, Agents, or Land Owners, for any accident, personal injury, damage, or loss that may occur while riding under the supervision of Turning Leaf Farm Hunter-Jumper Horses, Melody Taylor-Scott Ohlwiler, Melanie E Scott, or their Agents, or during unsupervised riding in preparation of, or cessation of, supervised instruction, or during trail or pleasure riding at Turning Leaf Farm or Paquette Stables located in Spring Hill, FL, or on surrounding landowners land.

I agree to wear a hard hat helmet at all times while mounted on horseback. I will also familiarize myself with the barn rules.

I, by signing this form below, do agree to take full personal responsibility for **my or my childs** decision to ride and be in personal contact with horses.

**** Level of your riding ability: BEG ___ INT ___ ADV ___ (Must check one) ****

WARNING Under Florida Law, an 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, pursuant to the applicable Chapter and Section of the FL. General Laws.

SIGNED _____ Date _____
(Parent's signature if student is under 18 yrs. of age)

WITNESSED _____ Date _____
(For Turning Leaf Farm Hunter-Jumper Horses and Paquette Stables)

Equine Activity Release and Hold Harmless Agreement

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with _____ (Company), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by _____.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Date: _____

Company: _____

Person voluntarily entering into this Release and Hold

Harmless Agreement: _____

/s/ signature

Printed Name

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

/s/

printed name