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Consent and Liability Release Form

This form must be completed by and for each participant

Head & Heel Ranch – Wayne & Deborah Benedict

22309 Rodeo Dr., Brooksville, FL 34602

WARNING

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

I/We, the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/We further attest that all stated facts are true and accurate.

_____ Date _____
Signature of Rider

_____ for _____ Date _____
Signature of Parent, Guardian and/or Spouse #1

_____ for _____ Date _____
Signature of Parent, Guardian and/or Spouse #2

Address in full:

*******Please include a notarized medical treatment release form and copy of your insurance card if you will not be present while your child is at this clinic.**