REGISTRATION FORM SELF DEFENSE ON HORSEBACK CLASS - April 14, 2018

Client Information	on					2	R		
First Name	Mic	ldle	L	ast Name		SUN	COAST	EQUIN	E, INC
		Add	ress / City	/ State / Z	ZipCode				
			J		1				
Ema	il Address	S			Iome Pho	ne No.	Cellular No.		
Experience Level:		Beginner		In	ntermedia	ate	Advanced		
	1	2	3	4	5	6	7	8	9
Western:									
English:									
challeng	ging. I amed by the ac	elow, I acknow in reasonably ctivities of th	y good heal e class, or t	lth and with	out any ph	ysical or m	edical cond	ition that cou	ıld be
First Name			Middle			Last Name			
		Α.	ddmaga / C	ity / Stata	/ 7in				
		A	ddress / C	ny / State	/ Zip				
Home Telephone No.		Cellular Telephone No.				Relationship			
Horse Information	on (This	section requ	uired only	if you are	bringing	a horse)			
	,	*	•	•		,			
Horse's Na	ame (And	Registered	Name if I	Different)	/ Breed (I	nclude An	y Cross Bı	reed)	
Color			Gender	Age	or Date Fo	oaled	Height		Veight
	Note	e: A copy of	f the Cogg	ins certifi	cate must	be presen	ted when	the horse a	rrives.
Coggins Expiration Dat	e								
How did you learn about the	nis event:								
					< Check	here if you	ı are 18 ye	ars of age o	r older
Client's Signatur	e		Date	_					

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Read this agreement carefully before signing it. Your signature indicates your understanding of and agreement to its terms.

I, (printed name)	, and/or minor child for v	, and/or minor child for whom I am the parent or legal guardian,						
(pr	inted name)	, hereafter referred to as	the "releasor", who reside at						
(stı	reet address)	, in (city)	, (state/zip)						
spo A.	reafter referred to as the Emerald Oaks Ranch), or participal onsored by, promoted by, arranged by, or supervised by Sur Newby or said corporation, the releasor, individually, and of a spouses, domestic partners and assigns, does hereby:	ncoast Equine, Inc. or Mark A. N	lewby or any person officially	acting on behalf of Mark					
1.	Acknowledge that horseback riding, the handling of a horinherently dangerous and involves risks that may cause so unpredictable nature and irrational behavior of horses, remay, without warning or any apparent cause, buck, stuml person's feet, push or shove a person, and that saddles, buserious injury, permanent disfigurement or death to a per	erious injury, permanent disfigur gardless of their training and pas ble, fall, rear, bite, kick, run, mak ridles, reins and other such equip	rement, or even death to a person t performance; and further ack the unpredictable movements, sp	on because of the nowledge that a horse pook, jump, step on a					
2.	Voluntarily assume the risk and danger of injury, permanent disfigurement, or death that is inherent in the handling or riding of a horse, being close proximity to a horse, being in or around a horse stable, or participating in any manner in an equine activity.								
3.	Forever release, discharge and covenant not to sue or bring claim of any kind for any personal injury, death, or property damage against Mark Newby and his insurance carriers, Suncoast Equine Inc., its officers, members, insurance carriers, promoters, sponsors, employees, agents, volunteers, owners and lessees of the premises and each of them their officers and employees, and any person authorized to act on behalf of Mark A. Newby or Suncoast Equine Inc., all hereafter referred to as "releasees" from all liability to the releasor, his or her personal representatives, executors, heirs, children, next of kin, spouses, domestic partners and assigns for any and all loss and damage, and any claim damage thereon, as a result of injury or death to the releasor or damage to his or her property whether caused by the negligence or malfeasance of the releases or otherwise while the releasor is on the property of Emerald Oaks Ranch or any other location where on the releasor is participating in any manner in an equine related activity that is sponsored by, promoted by, arranged by, or supervised by Suncoast Equine In or Mark A. Newby or any person officially acting on behalf of Mark A. Newby or said corporation.								
4.	I was given sufficient time to read, understand and ask any questions that I may have regarding this Agreement and Suncoast Equine's Rule ar Regulations. I agree to abide by said Rules and Regulations and all instructions given to me.								
5.	Suncoast Equine has informed me of the importance of a a properly fitted ASTM approved helmet can prevent or a Equine will provide me with a helmet, upon my request,	rious injuries to the head can occur as a result of equestrian accidents, including brain damage and even death. The staff of s informed me of the importance of always wearing an ASTM approved helmet when on or around horses. I understand that TM approved helmet can prevent or at least significantly reduce the severity of such injuries. I am aware that Suncoast me with a helmet, upon my request, to use during their activities in the event that I do not possess one of my own. I agree STM (or equivalent) approved riding helmet while riding on the property and at all Suncoast Equine activities.							
6.	Acknowledge the language of Florida State Statute chapt PROFESSIONAL IS NOT LIABLE FOR ANY INJURESULTING FROM THE INHERENT RISK OF EQ	RY TO OR THE DEATH OF							
7.	Agree to first inspect the grounds and premises for any comay be questionable and promptly report it to Suncoast E and functionality prior to using it and agrees to NOT use fencing and barbed wire is used throughout the property	Equine staff. The releasor further any equipment that appears ques	r agrees to inspect all equipmen	nt to be used for safety					
8.	Consent to Suncoast Equine or its agents to take and use of legal guardian of), for any legitimate and lawful purpo			r which I am the parent					
9.	Acknowledge that this waiver and indemnity agreement is and that if any portion of the agreement is determined to not be affected or impaired in any way and shall continue and agrees that if a lawsuit is filed against the releasees in the releasor will pay for all attorney's fees and costs incur	be invalid, illegal or unenforceate in full legal force and effect; and breach of this contract that the	ble for any reason, the balance d further acknowledge that his	of this Agreement shall document is a contract					
	Releasor's Printed Name	Signature		Date					
	Witness' Printed Name	Signature		Date					