



**2020 HAAS, LLC**  
**D/B/A WINDSONG FARMS**  
**WAIVER AND RELEASE; AND EMERGENCY FORM**

In consideration of the acceptance of my participation, and/or the participation of my child or ward, in any horse-related activities offered by 2020 Haas, LLC d/b/a Wind Song Farms or Wind Song Equestrian LLC, ("Farm"), I understand that a horse may be startled by an object that it views as frightening, or as a result of any sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run off with its rider. By my signature below, I hereby assume all risks associated with any horse related activities. I also hereby waive any and all claims, actions and causes of action that I may now or hereafter have against the Farm, and I release and will indemnify and hold harmless from the Farm from same, and its employees, shareholders, and volunteers for all injuries and damages that I or my minor child or ward may suffer or sustain in connection with or arising from my participation, or my minor child's or ward's participation in any horse related activities offered by Farm. This agreement shall be binding upon me and my heirs, personal representatives and assigns, as well as those of my child or ward (if for a minor). I understand that this agreement will be kept on file and shall apply to each time I use the Farm's premises for any equine-related activity, lease and/or use one or more horses and/or use or borrow equipment or tack owned by the Farm or any of its boarders or other participants. I also understand that I am responsible for notifying the Farm of any changes in the information provided below.

**WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. *FLORIDA STATUTES, CHAPTER 773.***

I have read, understood, and agree to be bound by the terms of this Waiver and Release

\*Please print information clearly.

Participant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Riding Experience \_\_\_\_\_

Significant Medical Info: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Relation \_\_\_\_\_

Number(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(participant/responsible party)