Freedom Ride, Inc.

Liability Release Form – please write clearly in ink.

Participant Full Name: _____ **Date of Birth:** _____

Address: _____

Name of Group: _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR 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.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student ("Participant") in a program, event, or activity taking place under the sponsorship of or at the facilities of **FREEDOM RIDE, INC.**, a Florida not for profit corporation ("Freedom Ride"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Freedom Ride ("Activities").

I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Freedom Ride, the City of Orlando, and each of Freedom Ride and the City of Orlando's owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively "the Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Release's.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services ("Emergency Services"). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. **DATED** this ____ day of _____ 20___.

Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Print Name: _____ Date: _____

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Freedom Ride to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Name: _____ Phone: _____

Address: _____ State/Zip: _____

In an emergency,Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

☐ **I give consent** for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

☐ **I do not give consent** for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____
_____
_____
_____

Signature: _____ Date: _____
Signature of Parent/Guardian (if under 18 years of age)

Print Name: _____