

EQUINE ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT  
MIAMI INTERNATIONAL AGRICULTURE & CATTLE SHOW (MIACS),  
TROPICAL PARK EQUESTRIAN CENTER AND HORSE SHOW  
EVENTS, AND OR VOLUNTEERS

1. I, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with the Miami International Agriculture & Cattle Show (MIACS) or Tropical Park Equestrian Center, or Horse Show Events and or volunteers and or (Sponsors), 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, jumping, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Sponsors, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with the Sponsors 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 on incidental to me electing to mount and ride a horse owned or operated by myself or others.
3. 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 sponsor to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
4. I recognize and agree that I have sufficient knowledge and physical capacity to engage in the equine activities, I will be working with, and acknowledge that I agree said event sponsor(s) has/have made reasonable and prudent efforts to determine my ability to and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said sponsor(s) from any continuing duty to monitor my equine activities.
5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) sponsor(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said sponsor(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; use of arena; round corral, playground, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any sponsor'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.

Person voluntarily entering into this Release and Hold Harmless Agreement

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ [email:](#) \_\_\_\_\_

**Parent or Guardian if above is under age 18:**

Parent's Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**HORSE NAME:** \_\_\_\_\_ (Name on Coggins\*)

**AKA:** \_\_\_\_\_

Color \_\_\_\_\_ Height: \_\_\_\_\_ DOB: \_\_\_\_\_

Stallion  Gelding  Mare  Colt  Philly

Breed: \_\_\_\_\_ Is this horse for Sale? \_\_\_\_\_

Horse Registration Number: \_\_\_\_\_

Name of Breed Association horse is registered with (ANCCE, AQHA, IALHA, other):

\_\_\_\_\_

Farm Name: \_\_\_\_\_

Breeder Assoc. Reg. Number (Código de Criador): \_\_\_\_\_

Sire: \_\_\_\_\_

Dam: \_\_\_\_\_

Grand Sire: \_\_\_\_\_

Grand Dam: \_\_\_\_\_

Breeder's Name/City/State/Zip: \_\_\_\_\_

Horse Training/Experience: (Doma Vaquero, Alta Escuela, Reining, Cutting, Other:

\_\_\_\_\_

(\* Please provide copy of Coggins with entry.

**RIDER INFORMATION/OWNER INFORMATION:**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Experience: Professional: \_\_\_\_\_ Advanced: \_\_\_\_\_ Intermediate: \_\_\_\_\_ Beginner: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Contact Information during the Event, if different from above (temporary address/cell Phone, etc.)

**EMERGENCY INFORMATION:**

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_