

HARMONY FARMS, INC.
2205 Pluckebaum Rd., Cocoa, FL 32926 (321) 631-9433

LIABILITY RELEASE

The undersigned, for good and valuable consideration received from or on behalf of HARMONY FARMS, INC., the receipt and sufficiency of which is hereby acknowledged, does hereby forever and finally release, remise, acquit, satisfy and forever discharge and hold harmless HARMONY FARMS, INC., its officers, directors, trustees, agents, employees, representatives, horse owners, successors and assigns (collectively "HARMONY FARMS, INC."), of and from any and all manner of action and actions, causes and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialities, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgements, executions, claims, benefits, rights and demands whatsoever, in law or in equity, of whatever nature or kind, known or unknown, which the undersigned may now, or in the future, have against HARMONY FARMS, INC., on account of any personal injury, physical or mental condition or any other damage, known or unknown, to the undersigned and the treatment thereof, as a result of, or in any way growing out of the acts of HARMONY FARMS, INC., including, but not limited to their negligence or gross negligence or as a result of any other action or activity engaged in by the undersigned in any way involving its relationship with HARMONY FARMS, INC.

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.

PHOTO RELEASE (optional) - CHECK ONE BOX: YES NO

I hereby consent to and authorize the use and reproduction by Harmony Farms, Inc. Of any and all photographs and any other audio-visual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

NAME (print): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ **PHONE:** _____

SIGNATURE: _____ **DATE:** _____
(Signature of parent or guardian, if under 18)

FOR HARMONY FARMS USE ONLY:

WITNESS: _____
Executive Director or Volunteer Coordinator

I.D. PRESENTED: _____