

# Schooling Ride Night Form

DATE: \_\_\_\_\_

TIME: 4 PM to 8 PM

Lights will be turned off at exact end time. Plan your ride accordingly.  
Complete this form and include proof of a negative Coggins.

Horse/Rider

Name of Horse: \_\_\_\_\_ Age of Horse: \_\_\_\_\_ Sex of Horse: \_\_\_\_\_

Date of Negative Coggins: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Rider DOB: \_\_\_\_\_ WTC Member: Y / N

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Horse/Rider

Name of Horse: \_\_\_\_\_ Age of Horse: \_\_\_\_\_ Sex of Horse: \_\_\_\_\_

Date of Negative Coggins: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Rider DOB: \_\_\_\_\_ WTC Member: Y / N

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Horse/Rider

Name of Horse: \_\_\_\_\_ Age of Horse: \_\_\_\_\_ Sex of Horse: \_\_\_\_\_

Date of Negative Coggins: \_\_\_\_\_

Name of Rider: \_\_\_\_\_ Rider DOB: \_\_\_\_\_ WTC Member: Y / N

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Fees	Number	Total
Member Horse/Rider Fee: \$30		
Non-Member Horse/Rider Fee: \$40		
<b>Total Fees:</b>		

Email entries, proof of negative Coggins, and waivers to [info@walktrotcanter.org](mailto:info@walktrotcanter.org)

Payments accepted are cash, check, Venmo, or PayPal.

Phone number: 352-474-8383

Venmo: @walktrotcanterFL

PayPal: paywtc@walktrotcanter.org

**WAIVER AND RELEASE**  
**Walk Trot Canter Association, Inc.**

**Waiver and Release of Liability, Indemnification Agreement, Full Assumption of all Risk and Liability,  
and Acknowledgment and Acceptance of Potential Dangers, Risks and Hazards of Equine Events**

“Participant” defined as: Rider/Spectator/Visitor/Guest/Client

**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. [FLORIDA STATUTE SECTION 773.04 (2)].**

I, \_\_\_\_\_ (name of participant), in consideration of participating in equine activities, and I HEREBY WAIVE, RELEASE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS WALK TROT CANTER ASSOCIATION, INC., ITS OFFICERS, VOLUNTEERS, REPRESENTATIVE, EMPLOYEES, ATTORNEYS, AGENTS AND ASSIGNS (HEREINAFTER, COLLECTIVELY “WTCA”) FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION OF ANY AND EVERY DESCRIPTION, AND DAMAGES, INCLUDING ATTORNEYS’ FEES, BROUGHT AGAINST WTCA RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANY WAY RESULTING FROM MY ENTRY INTO OR PARTICIPATION IN EQUINE ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF WTCA. This release applies during the time that I am a bystander or actively participating. I hereby further covenant and agree that I, my heirs, successors and assigns will not make any claim or institute any suit or action at law or in equity against WTCA by reason of conditions of the activities occurring thereon.

I understand and acknowledge that horseback riding and other equestrian events are inherently dangerous activities. WTCA HAS NOT MADE, DOES NOT MAKE, AND WILL NOT MAKE ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, AS TO THE SUITABILITY OR FITNESS OF THE FACILITY WHERE THE EVENT IS HELD FOR THE INTENDED USES THEREOF NOR FOR ANY OTHER USES, OR TO THE QUALITY, PHYSICAL CONDITION, UTILITY OR POTENTIAL OF THE FACILITY, AND I AGREE THAT I HAVE NOT RECEIVED OR RELIED UPON ANY SUCH REPRESENTATIONS OR WARRANTIES FROM WTCA. I hereby acknowledge, agree, represent and warrant that I am voluntarily entering the event location in its “AS-IS,” “WHERE-IS” and “WITH ALL FAULTS” condition to participate in the activities administered at the location by WALK TROT CANTER ASSOCIATION, INC. with knowledge of the dangers involved, and I hereby agree to accept and assume ALL RISKS associated with entering the location, including but not limited to injury or death, property loss or damage.

I swear and affirm that I agree to be specifically bound to all the terms and conditions of this Agreement. I have carefully read this Agreement and fully understand its contents. I understand that I have given up substantial rights by signing it and I am aware of its legal consequences. I have signed it freely and voluntarily, without inducement, assurance or guarantee being made to me.

**Executed and agreed to by:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child’s Signature

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

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

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

**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.**

In consideration of being allowed to enter the Alachua County Agriculture and Equestrian Center, including its grounds, arenas, stalls, barns and other facilities, which is owned by Alachua County, a charter county and political subdivision of the State of Florida, ("Center") and in consideration of being allowed to participate in the activities at the Center, the undersigned (for myself, or for any minor child named below for whom I am a parent, guardian or otherwise responsible for) and for my/our heirs, personal representatives, assigns and beneficiaries, **HEREBY WAIVE, RELEASE AND AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS ALACHUA COUNTY, ITS COMMISSIONERS, EMPLOYEES, VOLUNTEERS, ATTORNEYS, AGENTS AND ASSIGNS (HEREINAFTER, COLLECTIVELY "ALACHUA COUNTY") FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION OF ANY AND EVERY DESCRIPTION, AND DAMAGES, INCLUDING ATTORNEYS' FEES, BROUGHT AGAINST THE COUNTY RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANY WAY RESULTING FROM ENTRY ONTO OR USE OF THE CENTER AND ALL IMPROVEMENTS THEREON, WHETHER OR NOT CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF ALACHUA COUNTY.**

ALACHUA COUNTY HAS NOT MADE, DOES NOT MAKE, AND WILL NOT MAKE ANY REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, AS TO THE SUITABILITY OR FITNESS OF THE CENTER FOR THE INTENDED USES THEREOF NOR FOR ANY OTHER USES, OR TO THE QUALITY, PHYSICAL CONDITION, UTILITY OR POTENTIAL OF THE PREMISES, AND I AGREE THAT I HAVE NOT RECEIVE OR RELIED UPON ANY SUCH REPRESENTATIONS OR WARRANTIES FROM ALACHUA COUNTY. **I understand and acknowledge that horseback riding and other equestrian events are inherently dangerous activities.** I agree to assume all risks of harm to me, my child, my horse(s), and my animal(s). The Center may have hidden obstructions, surfaces or subsurface conditions, tripping hazards, thorns, poisonous snakes or plants, or other natural or manmade objects which may be dangerous. I hereby acknowledge, agree, represent, and warrant that entering the Center was voluntary and I, or my child, choose to participate voluntarily in activities as a rider, volunteer, trainer, or other purpose, with knowledge of the dangers and risks involved. I, for myself or my child, hereby agree to accept and assume on behalf of myself, the named child, ALL RISKS associated with entering the Center, including but not limited to injury, death, sickness, pain, broken bones, disease, head injury, damage and other loss to persons or property or my animals.

I swear and affirm that I agree to be specifically bound to all the terms and conditions of this Release, Waiver of Liability, Assumption of Risk and Liability Agreement. I, for myself and for any minor children that I am the parent, legal guardian, or otherwise responsible for, and for my/our heirs, personal representatives or assigns, expressly waive any claim, lawsuit, charge, or cause of action against Alachua County, for any and all injury, loss or damages, including property damage, illness, injury to my animal(s), sickness, personal injury, paralysis, and/or death to me or any such minors and other person. I have carefully read this Release, Waiver of Liability, Assumption of Risk and Liability Agreement, and fully understand its contents and I have signed it freely and voluntarily, without inducement, assurance or guarantee being made to me. I understand that substantial rights have been given up by signing this document and I am aware of its legal consequences.

If any part of this document is held to be unlawful, void, or unenforceable, then that part will be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions. It is agreed that this document may be electronically signed. If electronically signed, the electronic signatures appearing on this document are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

**Executed and agreed to by:**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
Date: \_\_\_\_\_

If participant/rider is a minor:

(Child's signature) \_\_\_\_\_ (Parent/Legal Guardian signature) \_\_\_\_\_

(Child's name printed) \_\_\_\_\_ (Parent/Legal Guardian name printed) \_\_\_\_\_