
Georgia FFA-FCCLA Center
Horseback Riding Liability Release Form
Must accompany ALL guests participating in horseback riding.

Guest Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____

Group Name: _____

Upon my acceptance of the horse and equipment, I acknowledge that I assume full responsibility for my safety. I understand that I ride at my own risk. I agree to hold the Georgia FFA-FCCLA Center, its officers, employees, etc. harmless from every and all claims which may arise from injury which might occur from use of said horse and/or equipment, in favor of myself, my heirs, representatives or dependents. I understand that the stable does not represent or warrant the quality or character of the horse furnished. I also understand under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of title 4 of the official Code of Georgia annotated.

Guest Signature

Date

Parent/Guardian Signature

Date

Required if participant is under 18 years old