Miniature Moments at Foster Farm

Where healing begins with a gentle touch.

FLORIDA EQUINE ACTIVITY RELEASE & LIABILITY WAIVER

Participant Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact & Phone: _____

1. Acknowledgment of Risk

I understand that participation in equine and farm-related activities involves inherent risks including injury, illness, falls, bites, kicks, unpredictable animal behavior, and property damage.

2. Voluntary Participation

I voluntarily choose to participate in activities at Miniature Moments at Foster Farm and accept all associated risks.

3. Release of Liability

I release and hold harmless Miniature Moments at Foster Farm, Inc., its officers, volunteers, representatives, and property owners from any claims, liabilities, damages, or expenses arising from participation.

4. Compliance with Instructions

I agree to follow all safety instructions and acknowledge that failure to follow directions may increase the risk of injury.

5. Non-Therapeutic Services

I understand these experiences are not medical, psychological, or licensed therapy services.

6. Media Release (Optional)

I grant permission for photographs or videos to be used for educational, promotional, or social media purposes. ■ YES ■ NO

Florida Equine Activity Liability Warning

Under Florida law, an equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Participant Signature: _____

Date: _____

MINOR CHILD PARTICIPATION & LIABILITY WAIVER

Miniature Moments at Foster Farm

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Emergency Contact & Phone: _____

1. Consent for Participation

I authorize my child to participate in activities involving donkeys and farm visits at Miniature Moments at Foster Farm.

2. Assumption of Risk

I understand that interaction with animals carries inherent risks including injury from bites, kicks, falls, or unpredictable animal behavior.

3. Medical Authorization

In the event of an emergency, I authorize emergency medical care if I cannot be reached immediately.

4. Release of Liability

I release and hold harmless Miniature Moments at Foster Farm, Inc., its officers, volunteers, representatives, and property owners from any claims arising from my child's participation.

5. Photo & Media Permission (Optional)

I give permission for my child's image to be used in photographs or videos for educational, promotional, or social media purposes. ■ YES ■ NO

6. Educational & Fellowship Activities

I understand literacy visits, educational interactions, and fellowship activities are not licensed therapy or medical services.

Florida Equine Activity Liability Warning

Under Florida law, an equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Parent/Guardian Signature: _____

Date: _____