



**Emergency Registration and Release – Temporary Equine Shelter**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_ Other contact information: \_\_\_\_\_

Name and Telephone number of veterinarian: \_\_\_\_\_

**Horse’s Identification Information**

Attach a current color profile photo of each horse, a copy of a current negative Coggins test and most current veterinary records.

Horse’s Name	Color	Sex	Breed	Age	Stall Assignment
1. _____					
2. _____					
3. _____					
4. _____					

**RELEASE**

**INDEMNIFICATION CLAUSE FOR FACILITY RENTAL/USE:**

I, the permittee and owner of the horse(s) listed above, in consideration for using Jim Brandon Equestrian Center (“facility”), agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney’s fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my use of the facility described in this permit or from emergency medical care to my horse(s). I hereby assume the risk associated with the use of the facility and I agree to release and to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney’s fees and costs, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including, but not limited to death, or damage to me or my property incident to or in connection with my use of the facility.

Under Florida 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.

This Permit shall be governed by the laws of the State of Florida, and is intended to be interpreted as broadly as possible. I, the permittee and owner, agree that exclusive jurisdiction and venue for any legal action against Palm Beach County, its agents, designees, employees and elected officials shall be in Palm Beach County. If any part of this Permit is determined to be unenforceable, all other parts shall remain in effect.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Permittee and Owner(s)

\_\_\_\_\_  
Date