

Saddle Up  
Riding Club, Inc.



PSALM 33: 17-19

**Saddle Up Riding Club, Inc.**  
**Registration Form**

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Age(s) of Child(ren): \_\_\_\_\_

\_\_\_\_\_

**Photo Release**

I hereby consent to and authorize the use and reproduction by Saddle Up Riding Club and the City of Pinellas Park of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

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

*(Adult Signature: Parent or Legal Guardian for Minor Child)*

Best Riding Days (circle):

M                      T                      W                      TH                      F                      S

\$25 Registration Fee included and mailed to:

Kellie Sipos  
6080 94th Ave  
Pinellas Park, FL 33782

**WARNING**

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OR, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**RELEASE AND HOLD HARMLESS AGREEMENT**

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC and PARK RANCH AND ARIANNA LLC and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Date \_\_\_\_\_

Participant's printed name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_

*Parent's Signature required if under 18* \_\_\_\_\_

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Date \_\_\_\_\_

Participant's printed name and address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_

*Parent's Signature required if under 18* \_\_\_\_\_

