



Bring your Own Bottle Disclaimer

I, _____ (PRINT NAME), HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **SOUTH WEST FLORIDA HORSE RESCUE, INC.'S ANNUAL BENEFIT (EVENT)**

I acknowledge that South West Florida Horse Rescue, Inc. ("SWFHR") has not and will not issue on premise alcohol. Therefore, all alcohol at the Event is BYOB.

I acknowledge that I will not serve alcohol to anyone who is a minor, who is, prior to the Event, under the influence of alcohol, who is disorderly, who is addicted to the excessive use of alcohol, or who will consume in any vehicle on the premise.

I acknowledge that consuming alcohol is highly addictive, and can and will impair cognition, judgment, vision, motor skills, the ability to speak and will enhance aggression, agitation, and promote compulsive behavior.

I acknowledge that consuming excessive alcohol can and will lead to various health issues: nausea, vomiting, drowsiness, diarrhea, upset stomach, headaches, and breathing difficulties.

I acknowledge that SWFHR is not held liable to any property damage, charges, injuries, or deaths that may occur due to the consumption of alcohol during the Event.

Therefore, in consideration of my application and permitting myself to participate in the Event, I hereby take action for myself, my group, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: SOUTH WEST FLORIDA HORSE RESCUE, INC. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) above from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that SWFHR and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on its behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____