## Waiver and Liability Release

## Horseback Lessons

Must accompany ALL students participating in equine interactions & activities

I,	
(initial req.) I voluntarily wish to participa horseback lessons and activities with Instructor.	ate and/or give permission for my child to participate in
(initial req.) I understand and acknowledg no amount of care, caution, instruction, or expert	e that equine related activities have inherent dangers that ise can eliminate.
(initial req.) I hereby authorize any emerg expense to those named above if a medical need	ency treatment deemed necessary at no liability to or emergency arises.
(OPTIONAL) I agree to allow photographused for promotional and/or informational purpor	ns, video, etc. to be taken of me/my child which may be ses.
If Signing for a Minor:	
lesson if my child is above the age of 6 years old	Id to the first lesson and remain the entirety of the FIRST I. I understand that after the first lesson, I agree to bing off my child. I also understand that I may stay and
(initial req.) I agree to accompany my chil lessons if my child is <b>under</b> 6 years old.	ld to lessons and remain during the entirety of ALL
Name of Participant:	
Date of Birth:	
Participant is <b>under</b> 18: YES NO	
Guardian Name:	Relation to Participant:
Guardian Contact Information (email/phone):	
Participant Signature	Date
Parent/Guardian Signature (required if participant is <b>under</b> 18 years old)	Date