

Hope Rides Field Trip Permission Release Form

Office Use Only:

Date Received:

Client Information:

Name:	Male or Female	Date:
Date of Birth:	Current Age:	
Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Contact Phone:		
Home:	Work:	Cell:
Preferred Number:		
Email Address:		
Emergency Contact Number:		
Emergency Contact Name:		
Name of Organization that are connected to:		
Phone Number:		
Contact Person:		

I _____ give my child _____ permission to go with Hope Rides on field trips. I give my permission for my child to be transported by Hope Rides volunteers and give my child permission to engage in horse-related activities, I agree that I will assume full responsibility for any and all bodily injury, losses, or damages that may occur to the above named participant(s). I understand that the above named will be in be in primary control of the horse and that Hope Rides, Shadow Creek Stable, Equine Haven or any other location visited during field trips are not responsible for the results of the participant's actions or inactions. The participant further agrees to not abuse, misuse or deliberately agitate the horse or any horses as these actions may result in increased risk to himself or herself and others.

Assumption of risk: That I, the parent or legal guardian or adult volunteer, understand that horses are unpredictable by nature; that when frightened, angry or under stress, a horse's natural instinct is to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front or to bite; that horses are extremely powerful ; and that if a student or volunteer falls to the ground or gets in the way of a frightened horse, that damaging injury can result. I acknowledge and understand these risks and I voluntarily assume these risks and dangers.

Participant Signature:

Date:

Guardian Signature:

Date: