



Horses of the Sun



Consent Form / Assumption of Risk:

I, the Parent / Guardian / or Senior Student _____

or the parent/guardian of (Student) _____

in consideration of the acceptance of this student for the riding and/or voltiging program/event declare that I have read and understood the information given in the Information Form I received with this Consent Form, that I fully understand the inherent serious risk involved in performing the sport of Riding and/or Voltige, and that I knowingly, willingly, and voluntarily assume this aforementioned risk.

I understand that:

- **there is an inherent serious risk when performing Voltige or Riding;**
- **Accidents and severe injuries, including lethal injuries, can occur;**
- **A horse is a living animal, and its reactions are, therefore, at times unpredictable;**
- **Voltige and Riding involves interactions with other voltigeurs and riders;**
- **An equestrian facility contains many visible and hidden risks connected to the activities, animals, machinery, and surroundings.**

I believe that (Student) _____ is fit to take part in this sport.

IN WITNESS WHEREOF I have hereunto set my hand and seal

this _____ day of _____, 20_____

SIGNED, SEALED AND DELIVERED

(Signature of individuals [Parent or Student] having attained the age of eighteen (18) years.)

SIGNED, SEALED AND DELIVERED in the presence of

(Printed name of witness)

(Signature of witness)

RELEASE AND INDEMNITY

The purpose of this document is to:

- **permit the participation of the student in the riding and/or voltiging programs/events** offered by Uwe Schneider, Sonja Koch, the Horses of the Sun, and/or the Voltiging Federation of Ontario, and to
- **absolve the aforementioned parties**, their/its instructors and officials, and anyone associated with this program **from any legal responsibility for any accident** however it may arise while the student is participating in the program.

I, (Parent / Guardian / or Senior Student) _____, the parent/guardian of (Student) _____, in consideration of the acceptance of this student for the riding and/or voltiging program/event **do hereby release and forever discharge** Uwe Schneider, Sonja Koch, the Horses of the Sun, and/or the Voltiging Federation of Ontario, its instructors and officials, their successors and assigns, and any person participating or assisting in the riding and/or voltiging program/event provided by the aforementioned parties **from any and all claims, demands, causes of action whatsoever which may exist or may hereafter arise as a result of or in any way arising out of any accident or injury suffered**

by (Student) _____ or any loss or damage to property howsoever suffered or caused while participating in or engaged in any manner whatsoever in activities sponsored by, supported or endorsed by Uwe Schneider, Sonja Koch, the Horses of the Sun, and/or the Voltiging Federation of Ontario, including without limiting the generality of the foregoing, any preparation for or transportation to or from any such activities.

I/We hereby agree to indemnify and save harmless Uwe Schneider, Sonja Koch, the Horses of the Sun, and/or the Voltiging Federation of Ontario, its instructors and officials, and any person participating or assisting in the riding and/or voltiging program provided by the aforementioned parties **from any and all claims, demands or losses, damages, costs, and charges or expenses whatsoever** which Uwe Schneider, Sonja Koch, the Horses of the Sun, and/or the Voltiging Federation of Ontario, its instructors and officials, or **anyone participating or associated with the program may sustain or incur by reason of engaging in or participating directly or indirectly in any activities** sponsored by, supported or endorsed by the aforementioned parties.

This release and indemnity shall be binding upon

(Student) _____
and upon his/her next of kin, heirs, administrators, successors and assigns.

I/We as parent(s) or legal guardian(s) of the above participant in the riding and/or voltiging program/event being a person under the age of eighteen (18) years hereby join in the above release and indemnity on our behalf and on behalf of the said (Student) _____.

IN WITNESS WHEREOF I have hereunto signed this _____ day of _____, 20____
SIGNED AND DELIVERED

(Signature of individuals [Parent or Student] having attained the age of eighteen (18) years.)

SIGNED AND DELIVERED in the presence of witness

(Printed name of witness)

(Signature of witness)

Authorization for Medical Emergencies

The purpose of this document is to authorize Uwe Schneider, Sonja Koch, or their designated officials from the Horses of the Sun, and/or the Voltiging Federation of Ontario to provide surgical or medical attention

for (Student) _____.

Voltige and Riding are athletic sports, involving physical training and exercises, horses, and other riders and voltigeurs (students). Accidents or illness may occur and immediate surgical or medical attention may be required. This is my permission for the official in charge to provide surgical or medical attention for my child in the event of an emergency without the necessity of my prior approval.

It is understood that if an emergency should occur, a responsible adult will assure that the child receives proper medical attention and that arrangements are made for his/her return home. I understand that I will be notified by the quickest possible means if this authority is exercised.

IN WITNESS WHEREOF I have hereunto signed this ___ day of _____, 20_____

SIGNED AND DELIVERED

(Printed name of parent(s) / guardian(s))

(Signature of parent(s) / guardian(s))

SIGNED AND DELIVERED in the presence of witness

(Printed name of witness)

(Signature of witness)

STUDENT'S PERSONAL RECORD

PLEASE PRINT

Name: _____

Date of Birth: _____

Address: _____

Junior (under 18);

Senior (18 & over)

Telephone: (_____) _____

E-Mail: _____ (Your e-mail address will not be given out. It will only be used to inform you of activities and special events related to Horses of the Sun)

Medical Ins.# : _____

Contact Person in Case of Emergency:

Address: _____

Telephone: (_____) _____
(of person available during Class times)

Allergies, Medications, additional medical information:
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Horses of the Sun

Photo Consent Form

PLEASE READ CAREFULLY and sign

I, the Senior Student

or the parent/guardian of (Student)

hereby grant to Horses of the Sun (HotS) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images and/or video taken of me/my child/my ward for use in connection with the activities of HotS or for promoting, publicizing or explaining HotS or its activities.

This grant includes, without limitation, the right to publish such images in any of HotS's promotional materials and website, in any format and media available to HotS now or in the future, including but not limited to print (e.g., brochures, pamphlets, instructional materials, books, and more), broadcast, videotape, CD-ROM, and electronic/online media. No names will be associated with the media described above nor is any remuneration provided.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my/my child's/my ward's likeness appears.

I have hereunto signed this ____ day of _____, 20____

SIGNED AND DELIVERED

(Signature of individuals [Parent or Student] having attained the age of eighteen (18) years.)