



The Inherent Risk:

As with every sport or physical activity, there is an inherent risk while present at an equestrian facility, and when interacting with animals, physical activities, nature, and other children. Accidents and severe injuries, including lethal injuries, can occur. A horse is a living animal, and its reactions are, therefore, at times unpredictable. While this is not a learn to ride program, students will be interacting with horses and other farm animals. Farms and equestrian facilities contain many visible and hidden risks connected to the activities, animals, machinery, and surroundings.

Archery, its philosophies, and equipment are based in the history of weaponry for hunting and warfare. At Horses of the Sun, we teach it for the philosophy of balanced mind, body, and spirit, without the element of hunting or killing. However, bows and arrows can be lethal tools, and therefore, all participants must adhere to all safety rules and be aware of themselves, their safety, and their environment. Horses of the Sun, management, and its instructors reserve the right to expel any student at their discretion.

Any archery activity involves risk of serious bodily injury which may be caused by a person's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of Horses of the Sun or the instructors; and that there may be other risks either not known or not readily foreseeable at this time. Any participant (or their legal guardian) fully accepts and assumes all such risks and all responsibility for losses, costs, and damages they incur because of their own participation in the activity.

Consent Form / Assumption of Risk:

I, the Parent / Guardian _____
of (Student) _____

in consideration of the acceptance of this student for the Archery program declare that I fully understand the inherent serious risk involved in participating in this program, and that I knowingly, willingly, and voluntarily assume this aforementioned risk.

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

Date: _____

(Signature of Parent or Guardian)

Photo Consent:

I 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 ___

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

STUDENT'S PERSONAL RECORD

PLEASE PRINT

Name: _____ Date of Birth: _____

Address: _____

_____ 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.# : _____ (optional)

Allergies, Medications, additional medical information:

Disability, Disorder, Injury, and other related information of relevance or importance to be known to instructors:

Contact Person in Case of Emergency:

_____ Relationship: _____

Address: _____

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