



# Horses of the Sun



## Children's Nature Series

### 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. Please adhere to all safety rules and be aware of yourself, your safety, and your environment.

### Consent Form / Assumption of Risk:

I, the Parent / Guardian \_\_\_\_\_  
of (Student) \_\_\_\_\_

in consideration of the acceptance of this student for the Children's Nature Series 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)

***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.# : \_\_\_\_\_

**Allergies, Medications, additional medical information:**

**Disability, Disorder, Injury, and other related information:**

Contact Person in Case of Emergency:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
(of person available during Class times)