

Horse Husbandry or Horse Riding Lesson Release of Claims Form

Please Print Clearly!

Parent/Guardian Name:.....

Student Name:..... Male/Female: Age:.....
*circle

Complete Address:.....
*City *State *Zip Code

What is the fastest way to get in touch with you? Please provide Cell # and Home # and Work # and E-mail:

Emergency Contact Name & Phone:.....
*Other than parent/guardian above!

Any Medical, Behavioral or Emotional concerns regarding this student that we need to be informed of to better support his or her learning? Please answer thoroughly; this information is used to ensure that your child has a successful, educational experience. Attach an additional sheet if necessary. If not applicable then please write "NA." **DO NOT LEAVE THIS ITEM BLANK.**

How did you hear about OMF?.....

"The above named student may participate in horse husbandry or horse riding lessons or related activities offered at the farm site of Old McDonald's Farm, Inc. (OMF) or elsewhere on behalf of OMF. I have the authority to act on this student's behalf and hereby indemnify and hold harmless OMF and its representatives from all liability in the event of accidental injury or illness. I give my permission for this student to receive emergency medical treatment. I accept full responsibility for any expense incurred in providing medical treatment for this student." I, as Parent/Guardian of this student, understand and agree that OMF is not liable for damages suffered by an injury resulting from the inherent risks of equine animal activities.

"I hereby grant OMF the right to use forever any film, video tape, audio tape, photographs, slides or combination thereof, for inclusion in any promotional or advertising purposes and my child agrees to appear without pay. I also give my permission for my child to be interviewed, quoted and have name printed in media for the promotional purposes of OMF." (Please write no and initial just this paragraph if you do not want pictures or interviews taken of this student. **Do not cross out the top paragraph as the student may not participate without this section intact and without the parent permission give by the signature below.**)

Parent/Guardian Signature:..... Date:.....