

Permission Form

Name _____

Declaration of Consent Assumption of Risk & Identity

The undersigned, being of majority age, hereby states as follows:
(check the box or boxes)

___He or she has or is about to enter into a course of riding instructions for a fee from Cheryl or Neil Kibler, d/b/a Indian Summer Farm, 5098 Oakridge Rd., Larsen WI.

___He or she is a member of a party which includes ___people of majority age and ___people of minority age which has or is about to enter into a course of riding instruction for a fee from Cheryl or Neil Kibler, d/b/a Indian Summer Farm, 5098 Oakeridge Rd., Larsen WI.

___He or she is the parent/ guardian of that person(s) of minority age which have entered into the riding course and will be legally responsible for the minor(s) conduct during the course of training.

The undersigned further declares that he, the members of his party and the minor or minors in his charge all understand the natural propensities of horses and know the possible risk of injury and other risks involved in riding and handling horses and assume those risks.

Indian Summer Farm hereby disclaims any express implied warranties as to the natural propensities of the horses and all persons who ride do so at their risk.

The undersigned releases Cheryl and Neil Kibler, Indian Summer Farm, all agents, employees, servants or persons acting on their behalf from any and all liability arising or which in the future may arise directly or indirectly from the instructions, supervision, use, handling, or riding of horses by the contact of riding instruction, for himself, members of his party or minors under his charge. The undersigned further hereby indemnified and holds Cheryl Kibler, Neil Kibler, Indian Summer Farm. their agents, employees, servants and persons acting on their behalf, harmless from all claims, lawsuits, settlements, judgments, costs, including attorney fees, appeals, and any and all liability for injuries or other damages arising directly or indirectly from negligent, non negligent, tortuous, breach of warranty or other legal or equitable obligation from the instruction, supervision, use, handling, riding of horses caused to the undersigned, members of his party, minors in his charge and to third parties including subrogation of claims. I further agree that I and the minor mentioned is covered by my insurance policy. NAME of company _____ and policy number _____ and expiration date _____.

I have read the foregoing and understand its contents and voluntarily sign.

NAME _____ Date _____

Phone(_____) _____

PARENT OR GUARDIAN _____

Phone(_____) _____

ADDRESS _____

Email address _____