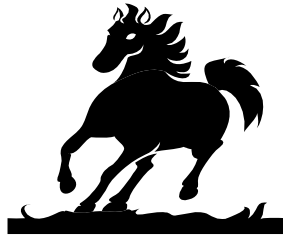


**C-ARROW STABLES**  
**Barry Cole**  
**5911 North Maize Road**  
**Maize, Kansas 67101**  
**(316) 722-2680**



Dear Parents,

Thank you for allowing your child to participate in what we believe will be a very enjoyable horse experience for them. The instruction will include care, safety, nutritional programs, anatomy, and the physiology of the horse. This class/camp is designed to provide a strong knowledge base on the horse along with complete riding instructions in a positive manner.

**As a reminder:** You will need to provide a copy of the child's insurance, a medical release form & indemnity agreement before your child can participate in class/camp. Children are required to wear boots & jeans while riding. Helmets will be furnished.

Again, Thank you for your registration. If you should have any questions or concerns before or during class/camp, please don't hesitate to call and speak directly to the owner, Barry Cole at 722-2680.

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## **Parents' Release and Indemnity Agreement for C-Arrow Stables Riding Class/Spring Break Camp/Summer Round-up**

I hereby request that you accept the enrollment of \_\_\_\_\_ in the C-Arrow Stables Riding Class, Spring Break Camp and/or Summer Round-Up and in consideration of your acceptance of the registration, I acknowledge that there is the possibility of injury when riding or working with horses. I hereby release C-Arrow Stables, the Maize Recreation Commission, its executives, owners, employees, and all their heirs from any and all liability for any injury that my child may receive while preparing to ride, mounting, riding, dismounting, or returning the horse, and any other activities not enumerated, but which may pertain to "riding" a horse and/or visiting C-Arrow Stables. This release is total and without reservation on my part.

I fully understand the danger of this activity and the possible harm which may result. I further understand that by signing this document that I am releasing my rights to seek recovery from C-Arrow Stables, the Maize Recreation Commission, its executives, owners, employees, and their heirs. I also acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of this activity.

By signing this form, I acknowledge that I have read this form and understand it.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Legal Guardian)

### **Medical Certification**

I hereby certify that my child, \_\_\_\_\_ is physically fit to participate in an active riding class, spring break camp and/or summer camp and I know of no physical impairments which would in any manner limit his/her participation in such a program.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Parent or Legal Guardian)

### **Consent To Treatment**

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ do hereby consent to any hospital, medical or surgical care or treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody, and control of Barry Cole, and I am not reasonably available by telephone to give consent.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Legal Guardian)

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

Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Medications: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_