



Leg Up for Cleveland's Kids: A Life Skills Equestrian Program Permission Form

Participant Name: _____ Date _____

Address: _____

Phone #: Home _____ Cell _____ Birthdate: ____/____/____

Email Address: _____

Emergency Contact Name: _____

Emergency Phone #: Home _____ Cell _____

I hereby permit my minor child to shadow equestrian professionals at my own risk and subject to all of the rules and regulations of Leg Up for Cleveland's Kids (LUCK). I further agree that if any damage or loss be occasioned or any loss of personal property, that I will make no claim against the LUCK, facility at which my child is participating or shadowing, chaperones, directors, employees, agents, sponsors, personnel or volunteers and hereby indemnify and hold them harmless for any personal injury, loss or property damage both while such minor child is traveling to and from the grounds and while on the grounds for the full duration of the program. I also consent to allow my minor child to have his/her photo taken and the image used in promotional materials for LUCK. **Please indicate in writing below if you do not wish to have your minor child's image used.**

I, _____ as parent or legal guardian of _____ ("minor child") hereby affirm that I understand that this Agreement is a release of all claims for injury, death or property damage and understand and consent to these terms on behalf of such minor child and agree to indemnify and hold harmless the LUCK and all of the parties listed above from any loss, liability or damage that may be incurred because of any defect in or lack of capacity to act on behalf of the minor child in executing this Agreement.

Signature of Parent or Guardian _____

Date: _____