

Release Form

Instructions

Please complete the form by reviewing and acknowledging the risk and liability statements. Next, choose your preference for medical treatment and availability. Afterward, please indicate if you consent to sharing photos. You must list each child's name and age before signing the form to confirm your agreement. For questions, please contact us directly via phone or email.

NOTE: Each child must have a signed release prior to riding horses or participating in the petting and feeding of farm animals

Assumption of Risk, Release of Liability, and Authority

I acknowledge and accept full responsibility for my child's safety during activities organized by [Company Name]. I understand that participating in activities such as jumping, riding, and interacting with equipment and farm animals involves inherent risks. By allowing my child to participate, I agree to hold [Company Name], including its owners, agents, employees, and volunteers, harmless from any claims or liabilities arising from injury or harm.

While [Company Name] ensures the safety of its horses and farm animals through daily care, I recognize that animal behavior cannot be guaranteed. Therefore, I accept that [Company Name] cannot be held responsible for the actions of these animals.

As a spectator and participant, I assume all risks associated with interacting with domesticated animals. I understand that [Company Name] is not liable for any damages, injuries, or fatalities resulting from these inherent risks. I also accept full responsibility for the safety of all guests, acknowledging that they participate at their own risk. I agree to hold [Company Name] harmless from any claims related to injury or damage. Additionally, I understand that [Company Name] retains complete authority over the use of its horses, petting zoo animals, the jumper, and train, and that all activities are conducted under supervision.

Authorization of Medical Attention

Please indicate your preference by marking and initialing the appropriate option below:

- I grant permission to the host and/or staff of [Company Name] to exercise their judgment regarding medical treatment in case of an emergency until I can be reached. I authorize any physician or hospital to administer emergency treatment to my child if necessary and if I cannot be contacted immediately.

Insurance Company

Insurance Phone Number

Group Number

ID Number

Primary Policy Holder's Name

Date of Birth

- I refuse to authorize medical treatment without first contacting me in person. I guarantee that I will be available at all times during my child's participation in [Company Name] activities and absolve [Company Name] of any responsibility for medical treatment.

Consent to Publish

Would you like us to share photos of your party on our website and/or social media? ___ yes ___ no

Child Information

Please provide details for each child participating:

Printed Name of Child

Age

Printed Name of Child

Age

Printed Name of Child

Age

Printed Name of Child

Age

Printed Name of Child

Age

Acknowledgement of Agreement

I acknowledge that I am signing voluntarily and without any form of coercion or force.

Printed Name of Parent/Guardian

Contact Number

Parent/Guardian Signature

Date