

The Knox School

Riding Program Release and Consent Agreement

We, the parents or legal guardians of _____, a minor (the "child"), acknowledge my child's intention to participate in a horseback-riding program conducted at The Knox School (the "School") utilizing horses, personnel, and facilities both at the school and off campus. We hereby agree to pay for all fees associated with the child's participation in the riding program in accordance with the rates established by the School, which are hereby incorporated into this Release and Consent Agreement.

We further acknowledge that horseback riding is an inherently dangerous activity which can result in personal injury and property damage, and that by participating in the riding program the child is subject to the risk of the same. In consideration of the child being permitted to participate in the program for a fee, we hereby, for the child and ourselves, and for the child and our executors, administrators, heirs and assigns, release and discharge the School, its Trustees, officers, servants and employees from any and all claims, demands, rights and causes of action, for whatsoever kind or nature, for personal injury or damage to property and the consequences thereof, arising out of the child's participation in the riding program. To ensure the safety of our horses and riders, the Knox Equestrian Programs has a 200 pound weight limit on all school horses unless granted special permission by the Equestrian Director.

Further, in the event that the child is injured while participating in the program, we hereby consent for treatment of the child by the Health Services of the School, and to the child's transfer to any hospital in the event of a medical emergency. We hereby authorize a representative of the Health Services to consent on our behalf to any emergency medical treatment to be rendered to the child. The School will make reasonable attempts to contact us in advance of such emergency treatment, provided medical circumstances permit. We understand that we will be financially responsible for the costs of any such medical treatment.

We hereby request that our child participate in:

Riding Program – which sports seasons: (*circle all applicable*)

Fall

Winter

Spring

We do ___ do not ___ authorize our child to participate in a horse show off campus.

Parent Signature _____ **Date:** _____

Printed Name: _____

Health Insurance Co: _____ **Group #:** _____

Please provide a copy of your insurance card.

Photocopies of this Release and Consent Agreement shall have the same legal effect as the original.