



Jensen Stable, Inc.
942 Turk Hill Road Fairport, NY 14450
(585) 223-9508

RIDING LESSON RELEASE

Student's Name: _____

Address: _____

Phone Number: _____ Date: _____

Student's Age: _____

I/We the parent of the named student taking horseback riding lessons at Jensen Stables, Inc. hereby give my/our approval to his/her participation in any and all lesson activities incidental to such participation, including transportation to and from the lessons. I/We hereby waive, release absolve, indemnify and agree to hold harmless Jensen Stables, Inc., the owner(s) the the lesson horse(s), or other students and persons transporting my/our child to or from lessons, before, during and after lessons and the time spent on the immediate property of Jensen Stables, Inc. any claim arising out of an injury, loss of an appendage, loss of a sense or fatal accident to my/our child. I/We are to supply my/our child with a properly fitted hard hat and understand that my/our child is to wear the above mentioned hat at all times during his/her lesson as well as heeled shoes (no sandals), and that we, alone, are responsible for all our own personal property brought to Jensen Stables, Inc. at any time.

Parent or Guardian Signature: _____

Parent or Guardian Signature: _____

Student (if 18 or over) Signature: _____

Dated this _____ day of _____, 20____.
(month)

PARENTS MUST GIVE PERMISSION, IT'S THE LAW

What about the times you can't be reached for permission? In a serious case a physician can act right away to treat your child. In other cases, a hospital will authorize treatment, but only after making an effort to contact you first, and that can mean unnecessary anxious moments for your child while someone tries to contact you.

You can prepare for an emergency by making sure babysitters know where to reach you while you are away. And for those times when it will be hard to contact you, you can give permission to other adults. They can act for your child when you're not available.

This is a legal document, and with it you may appoint other people, anyone who is over 18 years of age and who can be responsible for your children when you are away from them. It is especially important to prepare this form for the times when you know it will be hard to reach you. For example when you are out of town or when you know you cannot be reached by phone, etc.

Fill out this form, or one similar to it, and give it to the adult(s) who can be responsible for your child while you are away. If your child needs medical or dental attention, the responsible adult should present this document to the appropriate person –physician, dentist or hospital representative.

They're ready for emergencies. This form can help you to get ready too.

AUTHORIZATION	
for emergency treatment of minors	

Names of minors	Birth date	Names of minors	Birth date

I/We, being parent(s) or legan guardian(s) of the above named minor(s), do hereby appoint:

Name	Address	Phone Number
Jensen family members and all instructors	1942 Turk Hill Road Fairport, NY 14450	585-223-9508 (office with voicemail) 585-223-7801 (stable) 585-223-2897 (residence)

To act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence. This document shall remain active from the date signed until revoked. This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care of hospitalization may be required.

PARENT – GUARDIAN	PARENT - GUARDIAN
Signature:	Signature:
Printed Name:	Printed Name:
Address:	Address:
Phone:	Phone:
Date Signed:	Date Signed:

WITNESS	WITNESS
Signature:	Signature:
Printed Name:	Printed Name:
Date Signed:	Date Signed:

Medical Insurance Carrier	Contract Number
Family Physician or Pediatrician	Phone Number