

ASSUMPTION OF RISK

In consideration of my child's participation in the Horse Camp at Ray of Light Farm, Inc., it is understood that I assume all risk in connection with any accident and/or damage there to my child or property.

I hereby release Ray of Light Farm, Inc., it's owners, employees and anyone associated with the organization of the clinic from any and all claims, demands and liability on account of any and all injuries, losses and damages to my child or my property that may occur during my child's participation at the clinic. This assumption of risk shall remain in effect until termination by written notice from me.

Signature _____ Date _____

MEDICAL PERMISSION

I authorize Ray of Light Farm to obtain medical treatment for my child in the event of an emergency.

Signature _____ Date _____

Insurance Provider _____

Policy Number _____