



Safety Equipment Waiver and Acknowledgement Form

I, the undersign, recognize the danger inherent with working with horses, other animals and swimming pool activities. I am assuming the hazards of this risk upon myself and/or my child since I and/or my child wish to participate in therapy program(s). I realize that I and/or my child may be subject to injury from these activities and that **NO** form of preplanning will remove all the dangers that I and/or my child may be exposed to. I and/or my child have been requested to bring and wear our own protective gear. (i.e. helmets, weather appropriate clothing and appropriate footwear, floatation devices, ear/nose plugs, and/or eyewear.) I understand that refusal to wear the proper equipment or to sign this form will disallow myself and/or my child from participating in the therapy program(s).

IN YOUR OWN HAND WRITING WRITE THE FOLLOWING LINE BELOW:

“I HAVE READ AND DO UNDERSTAND THE ABOVE WAIVER.”

Name of Student

Date Signed

Signature of Parent or Guardian

Print Name of Parent or Guardian Signing

Signature of Principal

School

Revised June 08