



Release of liability and Acknowledgement of Risk :

We are aware and understand that there are dangers and risks involved with Equine activities.

It is the responsibility of the participant to behave in such a manner that makes him/her responsible for his/her own safety.

We understand that every attempt will be made to provide a safe environment in order avoid any injury or damage to person or personal property, however should anything happen to _____ while he/she is attending an Epona event
(childs name)

(and also while being transported in the Epona transport vehicle) we absolve the Epona Foundation of any and all liability and waive any and all claims related to said incident.

Parent (or legal guardian) name (please print)

Parent (or legal guardian) signature

EMERGENCY MEDICAL TREATMENT

The undersigned hereby agrees that, in the event I cannot be contacted that the person in charge be appointed to authorize the admission to hospital, if deemed necessary by a medical doctor and that emergency medical treatment recommended by a medical doctor be given to _____ .

Childs Name

Parent (or legal guardian) name (please print)

Parent (or legal guardian) signature

Permission for use of Photos

It is understood that there will be photographers or participants taking photographs of activities during the Epona program. I hereby give permission for pictures of my child _____ to be used for promotion and advertising in print or on

(CHILDS NAME)

the web. However, no names will identify your child.

Parent (or legal guardian) name (please print)

Parent (or legal guardian) signature