



DESIRE
ministries

**Parental Permission & Release of Claims for:
Participation in DESIRE Horse Club**

Please fill in the appropriate information and return this form to Kristy Alvarez on the first day your child(ren) attend DESIRE Horse Club. Permission to participate is not granted unless this form is signed by the parent or legal guardian. A new form must be submitted if guardianship or insurance information changes.

My child(ren), _____ (Name(s) & Date of Birth) has my permission to participate in DESIRE Horse Club and all related club activities.

I, the undersigned, as parent or guardian of the above-named child(ren) also give permission to enter Loftmar Stables, Inc. and Desire Ministries Stable and to participate in all horse related activities offered through Desire Horse Club. I know that there are risks and dangers involved, and that unanticipated and unexpected dangers may arise during such activities including death, and I assume all risks of injury to my child that may be sustained in connection with associated activities.

In addition, I hereby release and discharge the owners, operators, agents, and employees of Cornerstone Christian Academy, Loftmar Stables, Inc., and Desire Ministries, Inc. from all claims, demands, actions and causes of action which I, my heirs, executors, administrators, and assigns may have for injuries which my child(ren), myself, and my charges may sustain during my presence on the premises and participation in stated and associated activities of DESIRE Horse Club.

I also understand that there will be no insurance coverage provided to students that participate in DESIRE Horse Club. All participants should have their own insurance coverage in effect at the time of participation to cover accidental injuries that might arise.

In case of an emergency in which your child(ren) needs immediate medical treatment, we will send him/her to the nearest hospital and notify you immediately. The phone numbers you supply are of the utmost importance and should be updated when a change occurs. Please list your doctor's name and phone number so that he/she may be contacted if necessary.

(CONTINUED ON BACK)

Please specify any special needs we should be aware of: (ie: allergies, medications, medical needs or conditions, etc.)_____

I have read this Permission & Release of Claims and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this form on this _____ day of _____ month, in the year _____.

Parent or Legal Guardian Signature & Date

**Contact & Insurance Information for:
Participant(s) of DESIRE Horse Club**

Participant's Name:_____

Parent or Legal Guardian Name:_____

Home Address:_____

Phone Number: (Home)_____

(Work)_____

(Cell)_____

My Child's Doctor's Name:_____

Doctor's Number:_____

My Child's Injury Insurance Coverage Policy #:_____

Insurance Company Name:_____