	Children Under 18 Years Permission Slip

In signing this document, I certify that I have read and understand the waiver and release form below, and I am giving permission to my son and/or daughter to work and ride on the property located at 50 Town Line Road, Burlington, CT.

Name of Son and/or Daughter_____

Parent/Guardian Signature _____ Date _____

Print Name _____

	Waiver and Release Form

In signing this document, I represent that I am fully knowledgeable concerning the danger and hazards associated with riding and working around horses. I certify that I am (and/or my child is) duly competent to ride and work around horses in a safe manner. I hereby release and hold harmless New England Human Animal Bond Foundation Inc. and Michelle Martineau 113 Pine St., Columbia CT 06237

their heirs, representatives, and personnel against any and all claims, causes of action, or any other liability of any kind which I or my heirs, representatives, executors, administrators or any other persons acting on my behalf or on the behalf of my estate, may have by reason of accident, illness or injury to my person (and/or my child's person), or loss of, or damage to property arising directly or indirectly from my (and/or my child's) activity of working around and riding horses. I certify that I (and/or my child) have no known physical or mental impairment that may affect my (and/or my child's) safety or the safety of the other individuals who may be working or riding on the property. I understand that the choice of wearing a helmet or other protective gear is solely my own. I certify that I will require any children in my care, under the age of 18, to wear a helmet while riding. Further, I certify that I am not under the influence of any narcotic, alcohol, or other drug that may impair my understanding or judgment and that I will not at any time work or ride horse on the property under the influence of any narcotic, alcohol, or other drug.

Signature _____ Date _____

Print Name _____

Witnessed by: _____ *Please note that signatures must be witnessed.*

Print Name (Witness) _____

Please Provide the Following Information for Emergency Purposes:

Emergency Contact Name: _____

Relation _____ Phone (work)_____ (home) _____

Health Insurance Carrier (Rider): _____ Policy # _____

Please List Any Allergies, Medicines taken regularly or Medical Conditions?

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