



**PARENTAL CONSENT AND LIABILITY RELEASE FORM**

**Arkansas Horseshoeing School**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**CONSENT AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ (print name), as the parent or legal guardian of the above-named minor student, hereby give my consent for their participation in the educational programs offered by the Arkansas Horseshoeing School (hereinafter "the School").

1. I understand that horseshoeing involves working with live horses and tools that can be potentially dangerous, including but not limited to: forge work, handling hot metal, using sharp tools, and working near horses.

2. I acknowledge that I have been informed of the inherent risks associated with horseshoeing activities, including but not limited to:

- Physical injury from horses (kicks, bites, stepping)
- Burns from hot metal and forge work

- Injuries from hand tools and power equipment
- Exposure to dust, smoke, and other airborne particles
- Physical strain from lifting and bending

3. I confirm that my child has no physical or medical condition that would prevent their safe participation in the program.

4. I agree to maintain active health insurance coverage for my child throughout their enrollment at the School. Insurance information:

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

5. I authorize the School to seek emergency medical treatment for my child if deemed necessary, and I agree to be responsible for any costs incurred.

#### **RELEASE OF LIABILITY**

I hereby release, waive, and discharge the Arkansas Horseshoeing School, its owners, instructors, employees, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in or observing the School's activities.

#### **MEDIA RELEASE (Optional)**

- I grant permission for photographs/videos of my child to be used in School promotional materials.
- I do not grant permission for photographs/videos of my child to be used in School promotional materials.

**SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please attach a copy of student's current health insurance card (if available) and valid identification or ensure they bring a copy of both when they attend.\*