

Girl Scouts of Wisconsin Southeast Horseback Riding Permission Slip

SECTION A: To be completed by Troop Leader

| Girl Scout Troop #: | $_$ is going to participate in horseback riding activities from: $_$ | a.m./p.m. to |
|---|---|--|
| a.m./p.m. on (date) | at the following council-approved facility: | |
| at | . We will depart from: | and return to: |
| Please complete and return this for | orm to (<i>Troop Leader</i>): | by (<i>date</i>): |
| or in the instruction of a per equine is not liable for the in | ngaged for compensation in the rental of equines or equines or equines or equines or equine or in being a partile or death of a person involved in equine activities in ivities, as defined in section 895.481(1)(e) of Wisconsin | assenger upon an resulting from the |
| SECTION B: To be completed be Participants' horseback riding exp | by the parent/guardian berience is rated as: □ Beginner (under 10 hours) □ Over 1 | 0 hours |
| Provide the following emergency | contact phone numbers: | |
| (1) Parent/Guardian Name: | Phone Num | ber: () |
| (2) Other Authorized Person: | Phone Numb | per: () |
| (3) Physician: | Phone Numb | per: () |
| Please write-in any other health in | nformation (including reasonable accommodations that may | be needed): |
| | age has my permission to participate in lacility listed above, and we have read and agree to follow the et. | |
| Parent/Guardian Signature: | | Date: |
| SECTION C: To be completed by | by adult participants | |
| , plan to participate in horseback riding and related activities on e date and at the facility listed above and have read and agree to follow the rules outlined on the Horseback Riding uidelines sheet. | | |
| Adult Participant Signature: | | Date: |
| | | |

-over-

please complete reverse side



Girl Scouts of Wisconsin Southeast

Horseback Riding Waiver Agreement

I hereby RELEASE, WAIVE, COVENANT NOT TO SUE AND FOREVER DISCHARGE Girl Scouts of Wisconsin Southeast, its directors, officers, employees, agents, volunteers, successors, and insurers (hereinafter "Releasees") FOR ANY AND ALL DAMAGES, COSTS, LOSSES, EXPENSES, DEMANDS, CLAIMS, OR CAUSES OF ACTION for any bodily injury (such as but not limited to broken bones, paralysis, and even death), property damage, emotional distress or loss of society, of myself, my child(ren) or my spouse (as well as any next of kin of myself, my spouse or my child(ren) that is caused by the NEGLIGENCE of any of the Releasees and that relates to or arises out of my and/or my child's participation in horseback riding or any other equestrian activities through the Girl Scouts of Wisconsin Southeast. Such negligence could include a failure to use reasonable care in the selection and approval of any horseback riding facility, the provision of first aid or the provision of advice or encouragement relating to my and/or my child's participation in horseback riding or any other equestrian activity. I further acknowledge that I have had the opportunity to review, discuss, ask questions about and negotiate the terms and conditions of this waiver agreement.

| Parent/Guardian Signature: | Date: |
|------------------------------|-------|
| <u> </u> | |
| Adult Participant Signature: | Date: |