



**A Christ-Centered Therapeutic Horsemanship Program & Ministry**

3601 S 142nd St | Bonner Springs KS 66012  
 FFKC2012@gmail.com | www.freedomfarmkc.com

**Equine-Assisted Learning/Horseback Riding Lessons**

**STUDENT INFORMATION**

NAME:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
STREET ADDRESS:	DATE OF BIRTH :
CITY/STATE/ZIP:	GRADE:
DIAGNOSISE5 & MEDICAL CONDITIONS (list medications):	

**PARENT OR GUARDIAN CONTACT INFORMATION**

PARENT'S NAME	EMERGENCY CONTACT
ADDRESS: IF DIFFERENT FROM CHILD LIST BELOW	
STREET ADDRESS:	STREET ADDRESS:
C1TY/STATE/ZIP	CITY/STATE/ZIP
HOME OR WORK PHONE:	HOME OR WORK PHONE:
CELL PHONE:	CELL PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:
<b>MAIN CONTACT PERSON</b>	
<input type="checkbox"/> PARENT <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> EITHER	
Best way to get a hold of main contact? <input type="checkbox"/> HM <input type="checkbox"/> WK PHONE <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL	

- Cancellation requires 24 hour notice. If 2 or more consecutive sessions are cancelled, a session will be charged. (Instructor Cancellation Excluded) Continual absences, rescheduling, no shows or cancelations will result in the loss of your lesson spot and paid lessons will be charged. Lesson will be cancelled when temperatures are below 32 degrees or bad weather conditions, instructor will determine it and notify you.
- All lessons and packages are non-refundable.
- All riders are required to wear proper attire such as jeans, proper top (no spaghetti straps, tank top or revealing clothing) and riding boots with a small heal.
- Does the participant(s) have any health issues that would not allow them to safely engage in any physical activity including but not limited to running, jumping, lifting less than 50 lbs., exposure to dusty conditions, animal hair and dandruff? If so please identify those conditions and/or consult with your instructor as to a way to ensure participant's health safety during the activities. Please list any of these conditions below, if none, please **list N/A and initial.**

Signature of Student or Parent/Guardians (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**WARNING Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.**