

## Waiver for Finding Faith Equine Sessions

Client/Student Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number/Emergency Contact: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to participate in Finding Faith equine classes with Kim Waite in partnership with Freedom Farm. I give my informed consent to Kim Waite to provide these classes. All information regarding the classes will be kept confidential, except when required by law.

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date