

Waiver for Life Skills and Equine Classes

Child's Name: _____

Parent's Name: _____

Phone Number/Emergency Contact: _____

Child's Grade: _____

I, _____, give permission for my child _____ to participate in life skills and equine classes with Jessica Kyle in partnership with Freedom Farm. I give my informed consent to Jessica Kyle to provide these classes. All information regarding the classes will be kept confidential, except when required by law.

Parent Signature

Date