



SierraRose Farms Healing Hearts with Horses

5953 W. Cutler Road * DeWitt, MI 48820

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PERMISSION SLIP/LIABILITY WAIVER/RULES & INFORMATION ACKNOWLEDGEMENT

SRFH3 RULES

1. WHILE AT SRF, **ALL ATTENDEES MUST WEAR LONG PANTS, SOLID, TOE-COVERING SHOES. NO SANDALS OR OPEN BACK SHOES OF ANY KIND.**
2. NO DANGLING NECKLACES OR BRACELETS.
3. NO SMOKING ANYWHERE ON PROPERTY.
4. NO DOGS ALLOWED ON PROPERTY.
5. KINDNESS WILL BE SHOWN TO ANIMALS AT ALL TIMES.
6. ATTENDEES MUST SHOW COURTESY TO OTHER ATTENDEES. FAILURE TO COMPLY WITH THIS RULE WILL CAUSE ATTENDEE AT FAULT TO BE DISMISSED FROM PROGRAM.
7. PERSON LISTED AS "ADDITIONAL AUTHORIZED PERSON" MUST SHOW VALID PICTURED ID IN ORDER TO PICK UP ATTENDEE AT ALL TIMES.
8. IF YOU ARE RUNNING LATE, WE DON'T WAIT SO BRING YOUR CHILD TO WHERE WE ARE. AND CALL US TO LET US KNOW.
9. BE SURE YOU HAVE APPROPRIATE CLOTHING FOR WEATHER
10. SRFH3 PROVIDES SNACKS EVERYDAY
11. SRF/SRFH3 IS NOT RESPONSIBLE FOR YOUR PROPERTY
12. NO ELECTRONICS. PHONES WILL BE PLACED IN A BASKET

WHAT TO BRING WITH YOU EACH DAY

1. BASEBALL CAP (IN SUMMER)
2. SUNSCREEN LOTION WITH THEIR NAME ON IT (IN SUMMER)
3. WATER BOTTLE & LUNCH WITH THEIR NAME ON IT
4. WEATHER **APPROPRIATE CLOTHING**
5. **RUBBER BOOTS INCASE OF WET WEATHER TO LEAVE HERE FOR THE WEEK. NOT IN LIEU OF TENNIS SHOES.**

CONSENT TO TREAT

I, as Parent or Guardian of attendee, hereby give permission for SierraRose Farms Healing Hearts with Horses to secure emergency medical treatment for the child named at bottom of this form while in SRFH3's care.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____

DATE SIGNED: _____

PICK-UP LATE FEE

All children must be picked up by closing time. SRFH3 staff must stay with the child until he/she is picked up.

Parent/Guardian will be charged \$1.00 for every minute past closing time (\$60.00/hour).

If there is a problem and you know you will be late, please make arrangements with the additional authorized person you listed below.

Consistently being late in picking up your child is grounds for termination from the program.

By initialing here, I agree to this late fee policy: _____

SIERRAROSE FARMS (SRF), AND HEALING HEARTS WITH HORSES, IT'S OWNERS AND STAFF WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ACCIDENTS OR PERSONAL INJURIES WHILE ATTENDEE LISTED BELOW IS ON THE PROPERTY.

WARNING:

UNDER MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

NAME OF ATTENDEE: _____ DOB: _____ DATE OF PROGRAM: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PH: _____ DAY PH: _____ CELL PH: _____

EMAIL ADDRESS: _____

LIST ANY SPECIAL NEEDS OR MEDICAL CONCERNS OR ALLERGIES: _____

(PLEASE REQUEST SPECIAL MEDICAL FORM FROM US IF ATTENDEE HAS MEDICATIONS THAT MUST BE TAKEN DURING THE COURSE OF THE TIME SPENT AT SRF)

ADDT'L AUTHORIZED PERSON TO PICK UP ATTENDEE: _____ PHONE: _____

PHOTO RELEASE: YOU AGREE THAT SRFH3 CAN USE PICTURES OF YOUR CHILD FOR (BUT NOT LIMITED TO) SRFH3 WEB SITE, PRESS RELEASES AND SRFH3 BROCHURES & LITERATURE. NO NAMES WILL BE ASSOCIATED WITH PICTURE

PARENT/LEGAL GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE SIGNED: _____

IN SIGNING THIS DOCUMENT, THE PARENT/LEGAL GUARDIAN ACKNOWLEDGES THAT HE/SHE AND THE ATTENDEE UNDERSTAND SRFH3 POLICIES AND WILL ABIDE BY THEM. ALL ITEMS INDICATED THAT SIGNATURE AND INITIALS ARE REQUIRED, MUST BE FILLED OUT. THIS FORM MUST BE IN SRFH3 POSSESSION BEFORE OR AT THE TIME OF ATTENDEE ARRIVAL.