



MINOR WAIVER OF LIABILITY

In consideration for my child’s participation in any of the following activities with The Chrysalis Adventure, I for myself and/or my child, as well as my/our administrators and assigns agree to the following:

I (parent or guardian name) _____ give consent for my child, (name) _____ DOB _____ to attend and participate in an experiential learning with horses session facilitated by The Chrysalis Adventure.

I have read the Ohio Revised Code 2305.231 (online at the State of Ohio website) and as such agree to the following. I fully understand that this Release covers, but is not limited to “inherent risks” of an equine activity as defined in Ohio Revised Code Section 2305.321 which means a danger or condition that is an integral part of an equine activity.

- A. Acknowledgement and risk/acceptance of responsibility in regards to me or my child’s participation in The Chrysalis Adventure activities.
 - I understand that there are unavoidable risks inherent in all horse related activities, including but not limited to bodily injury and physical harm to horse and participant.
 - I understand and acknowledge that The Chrysalis Adventure offers no medical insurance to protect against such risks, makes no claim to do so and has no responsibility for any medical expenses my child may incur.
 - I understand that each participant must assume the risk of bodily injury that could result from participating in any of these activities.
 - I agree to assume risks and financial responsibility.
 - I release and hold harmless The Chrysalis Adventure, its Board, administrators, and staff as well as Cheryl Ciancibelli and Spinning Wheel Farm, Inc., located at 6810 Barrett Rd, Geneva, OH 44041 from all liability for any injury or responsibility for accidents, damage, injury, or illness to my child from participating in The Chrysalis Adventure program.

Photo Release

For valuable consideration, the receipt of which from The Chrysalis Adventure is hereby acknowledged, the undersigned hereby grants to The Chrysalis Adventure permission to take, or have taken, still and moving photographs, videos and films including television pictures of myself and/or the participant for use by The Chrysalis Adventure, its advertising agencies, news media, and any other persons involved with The Chrysalis Adventure to use and reproduce the photographs, films, videos and pictures and to circulate and publicize the same by any means deemed appropriate by The Chrysalis Adventure, including without limitation newspapers, television media, online media, brochures, pamphlets, magazines, instructional materials, books and clinical materials. No inducements or promises have been made to me to secure my signature to this release other than the intention of The Chrysalis Adventure to use or cause to be used such photographs, films, videos and pictures for the primary purpose of promoting and aiding The Chrysalis Adventure and its programs.

_____ I DO consent _____ I DO NOT consent

Administrative Office:

1 Victoria Place, Suite 301 Painesville, OH 44077 440-551-9356

Program Location:

Spinning Wheel Farm 6810 Barrett Rd. Geneva, OH 44041
Confidential

Health and Medical Information

Child's Physician Clinic/Hospital: _____

Address: _____ Phone: _____

(please circle all that apply)

Asthma/Respiratory Condition
Attention Deficit Disorder
Hearing Impaired/Deaf
Developmentally Delayed
Autism Spectrum Disorder

Diabetes
Unusual Bleeding
Sun Burns Easily
Seizures, Type and Frequency:

Bee Sting Allergy: _____ Reaction: _____

Pollen or Food Allergies: _____ Reaction: _____

Medication Allergies: _____ Reaction: _____

Does the Participant have a disability requiring any accommodations? Yes No If yes, please explain:

Emergency Contact

In case of emergency please call (name) _____ (number) _____
(relation) _____

I understand that every effort will be made to contact the above person in the case of an emergency, accident or illness requiring medical attention. However, if he/she cannot be reached, I give my permission for my child to be treated by a professional medical person, transported by medical staff and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses incurred on behalf of my child.

Signature of Parent/Guardian

Date

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