



PLEASE PRINT CLEARLY – Release of liability and in-take Form

Participant name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to be included on The Barn’s emails and mail correspondences? **Yes** or **No**

If participant is a minor please print Parent or Guardian name: \_\_\_\_\_

Parent or Guardian phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Any known allergies and protocol for allergic reaction: \_\_\_\_\_

\_\_\_\_\_ (Participant’s name) would like to participate in The Barn for Equine Learning’s programs. I acknowledge and understand the risks and potential risks of being in a barn setting, horseback riding, handling and working with, or near equines, and that one can suffer bodily injuries or other injuries or death. However, I feel that the possible benefits to myself or my child/ward is greater than the risks assumed. I and/or my child/ward is of sound body and mind and is capable of the physical demands of being around equines and horseback riding. I hereby, intending to be legally bound, for myself, wards, heirs and assigns, executors or administrators, waive and release forever all claims for damages against The Barn for Equine Learning, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and employees for any and all injuries and/or losses myself or my child/ward may sustain while participating in The Barn for Equine Learning’s programs. **Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

In case of emergency medical aid/treatment at The Barn for Equine Learning’s property and the above listed emergency contact is unable to be reached, does The Barn for Equine Learning have authorization for emergency treatment?

**Yes** or **No** Signature: \_\_\_\_\_  
Please circle

I understand that, for my own protection, I must wear properly fitted and secured ASTM-standard/SEI-certified protective equestrian headgear when riding, handling, or when near equines. **I am NOT relying on The Barn to provide a certified equestrian helmet for me, to check any helmet or helmet strap that I may wear, or to monitor my compliance with this suggestion at any time – now or in the future.**

Signature: \_\_\_\_\_



**Welcome to The Barn!** Our mission is to give youth and adults the opportunity to discover new experiences, challenge themselves, and grow through the healing power of horses in a therapeutic setting.

We are located at 3203 Timpson Ave SE Lowell, MI 49331. Look for the black Barn sign at the head of the driveway. Long dirt driveway, turn left at the end of the drive and look for big red barn with green doors. \*\*\*PLEASE drive slowly! We have lots of animals and very important kids so please respect this and drive slowly!!

Please make sure your appointment, scheduled lesson, or meeting is set with Kat Welton 616-690-0646.

When visiting The Barn please dress in layers, long pants and covered toed shoes. You are welcome to bring water bottles, but please no glass bottles!

Check us online at [www.thebarnforequinelearning.com](http://www.thebarnforequinelearning.com). There is a signup up for The Barn's monthly email correspondence.

If you have Facebook please "Like Us" and follow all The Barn happenings!

Waiver must be completed and signed before participation in any Barn events or activities. Thank you!

Looking forward to your visit!  
The Barn for Equine Learning  
Kat Welton, LLMSW  
616-690-0646