



Jireh Farm
Riding Academy

RELEASE of LIABILITY
&
Consent to Treatment

I am the parent, legal guardian or custodian of _____, a
Minor, (hereinafter called "Student").

OR, IF OVER AGE 18

I, _____, (hereinafter called "Student") do hereby effect
this release.

I hereby release Jubilee Zoo Inc., Jireh Farm LLC, Jennifer E. Carter, and Chelsea Carter, instructor, other instructors operating for Jubilee Zoo Inc. or Jireh Farm LLC, their lessors, assigns, employees and all heirs and administrators from any and all liability for any injuries the Student may receive while being instructed on riding, preparation, mounting, dismounting, or returning the horse/pony and other activities not specifically enumerated herein, but which may pertain to the Student's being taught about, caring for, or actually riding a horse/pony. Said release is total and without reservation. **I acknowledge that horseback riding is a dangerous activity and so fully understand the hazards and risk of possible injury which may result from participation therein.**

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, pursuant to R.S. 9:2795.1.

WARNING

Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R.S. 9:2795.3.

In the event of an accident or injury to the student, I consent to and authorize Jennifer E. Carter, Don H. Carter, Chelsea Carter or other Jubilee Zoo personnel to secure (at my expense) emergency medical treatment for the student. My consent and authorization for such emergency medical treatment shall not constitute nor imply any responsibility of Jennifer E. Carter, Don H. Carter, or Chelsea Carter to secure such emergency medical treatment.

Signature: _____



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**RELEASE of LIABILITY
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By my signature I affirm that I have the legal authority to affect this release and, furthermore, I consent to emergency medical treatment for the student named on page one (1) of this document.

Signature: _____

Executed this _____ day of _____, _____

Student's date of birth: ____/____/____

Address _____

City: _____ Zip: _____

Telephone numbers: Home _____

Work _____ Pager/Cell _____

Emergency Contact: Name _____

Telephone _____

Insurance Company:

Policy Number:

Telephone:
