



Xtreme Team Stables

Scouts Permission Form- Horseback or Pony Participation/Riding

Part 1: To be completed by Troop Leader

Girl Scout Troop #: _____ is scheduled to participate in horseback riding activities with the Xtreme Team on _____, starting at _____ a.m./p.m. until _____ am/pm.

Part II: To be completed by the parent/guardian

Please rate the participants' horseback riding experience: Never ridden Beginner (less than 3 months) Intermediate (3 months-6 months) Advanced (6 months & more)

Please provide emergency contact phone numbers:

(1) Parent/Guardian Name: Phone Number: (____) _____ - _____

(2) Other Authorized Person: Phone Number: (____) _____ - _____

(3) Physician: Phone Number: (____) _____ - _____

Any health disabilities Xtreme Team need to be made aware of? Yes () No ()

If yes, please explain: _____.

My daughter, _____ age _____, has my permission to participate in horseback riding and related activities, on the specified date listed above. We have read and agree to follow the rules outlined on the Outdoor Adventures Guideline Sheet.

Parent/Guardian Signature: _____ Date: _____

Part III: To be completed by adult participants

I, _____, plan to participate in horseback riding and related activities on the date listed above and has read and agrees to follow the rules outlined on the Outdoor Adventures Guideline Sheet and rules of the Xtreme Team.

Adult Participant Signature: _____ Date: _____

Participation: Horseback or Pony Riding Waiver Agreement

I hereby **RELEASE, WAIVE LIABILITY, AGREE NOT TO SUE AND FOREVER DISCHARGE** Xtreme Team Stables/Riders, its affiliates, agents, volunteers, successors, and insurers (hereinafter "Releasees") **FOR ANY AND ALL DAMAGES, COSTS, LOSSES, EXPENSES, DEMANDS, CLAIMS, OR CAUSES OF ACTION** for any bodily injury (such as but not limited to broken bones, paralysis, and even death), property damage, emotional distress or loss of society, of myself, my child(ren) or my spouse (as well as any next of kin of myself, my spouse or my child(ren)) that is caused by the **NEGLIGENCE** of any of the Releasees and that relates to or arises out of my and/or my child's participation in horseback riding or any other equestrian activities provided by Xtreme Team Stables/Riders. Such negligence could include a failure to use reasonable care in the selection and approval of any horseback riding facility, the provision of first aid or the provision of advice or encouragement relating to my and/or my child's participation in horseback riding or any other equestrian activity. I further acknowledge that I have read, understand and agree to the terms and condition of this waiver agreement.

Parent/Guardian Signature: _____ Date: _____

Adult Participant Signature: _____ Date: _____

Troop Leader(s) Signature: _____ Date: _____