

**HORSEPOWER FOR KIDS
PERPETUAL WAIVER AND RELEASE
(VALID FOR EACH AND EVERY DATE OF PARTICIPATION)**

We want you to have a great experience with us. However, for your protection and ours, you must read and agree to the provisions below before you are authorized to use our facilities and/or services. The different activities that are offered entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. If you are unable or unwilling to sign this Waiver and Release, you are welcome to enjoy yourself by watching others, but we cannot allow you to personally participate in any of our activities or actively use our facilities and/or services.

NOTICE TO MINOR CHILD'S NATURAL PARENT/GUARDIAN

TO INCLUDE THAT IF THE CHILDREN BELOW ARE NOT MY NATURAL CHILDREN THAT I HAVE COMPLETE AUTHORIZATION FROM CHILD'S PARENT/GUARDIAN TO SIGN THIS DOCUMENT AND I TAKE FULL RESPONSIBILITY FOR ANY INJURIES/DEATH CAUSED TO SAID CHILD(REN)

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF HORSEPOWER FOR KIDS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM HORSEPOWER FOR KIDS. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND HORSEPOWER FOR KIDS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____ has read this Waiver and Release and agrees as follows:

1. I recognize and agree that: all risks can never be eliminated, and participating in the activities at HORSEPOWER FOR KIDS, involves inherent danger and potential risk of both minor and serious, temporary and permanent, bodily injury of any and all kinds, both caused by me and/or by others. In signing this release, I assume all risk for, and financial cost of, any and all injuries, and/or any damage, to my child/children.

MUST ARRIVE AT 9:45 FOR CHECK-IN

I must arrive by 10am in order to join field trip (NO Exceptions) _____ (initials)

2. On behalf of my minor child/children I fully, and forever waive, release and discharge HORSEPOWER FOR KIDS and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, affiliated entities, and all other persons, firms, corporations, associations or partnerships claiming by or through them, from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, and exemplary), liability or obligations of any nature or kind, whether known at the time or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with me or my child's activities with or at HORSEPOWER FOR KIDS, including claims involving their own negligence.

3. I agree to indemnify and hold harmless HORSEPOWER FOR KIDS and its individual managers, directors, officers, agents, employees, volunteers, representatives, affiliated entities, and all other persons, corporations, or partnerships claiming by or through them, from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or judgments directly or indirectly arising out of, or relating to, my child's/children's participation in any activities at HORSEPOWER FOR KIDS, including for claims alleging HORSEPOWER FOR KIDS' own negligence.

4. I understand that this agreement extends forever into the future and will have full force and legal effect each and every time my child/children visit HORSEPOWER FOR KIDS whether at the current location or any other location or facility.

I have read the HORSEPOWER FOR KIDS *Waiver and Release Form any Claim of Responsibility or Damage* and agree to all conditions, to include that if the children below are not my natural children that I have complete authorization from child's parent/guardian to sign this document and I take FULL responsibility for any injuries/death caused to said child(ren).

Parent Name/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth _____

Signature _____ Today's date _____

Names and Birthdates of ALL CHILDREN under 18 to be included with your signature.

MINOR NAME #1 _____ BIRTHDATE _____ RELATION _____

MINOR NAME #2 _____ BIRTHDATE _____ RELATION _____

MINOR NAME #3 _____ BIRTHDATE _____ RELATION _____

MINOR NAME #4 _____ BIRTHDATE _____ RELATION _____

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