

Horseback Riding Permission Slip

Troop/Group # _____ is planning to go horseback riding! Date _____

Time: from _____ to _____ Location _____

Cost for this event is \$ _____ To cover expenses for _____

Arrangements for Transportation:

Time and place of departure _____ Time and place of return _____

Mode of Transportation _____

Leaders accompanying the girls:

Name _____ Phone (_____) _____ Cellular (_____) _____

Name _____ Phone (_____) _____ Cellular (_____) _____

In case of emergency, the leader will notify:

Name _____ Phone (_____) _____ Cellular (_____) _____
who will immediately notify parent(s)/guardian(s) or designated persons.

Leader's Signature _____ Date _____

Information Regarding Waivers of Liability:

Although a waiver of liability may be required by a stable for your daughter to participate in horseback riding, Girl Scouts - Sybaquay Council does not encourage or discourage your signing of such a waiver. The council does, however, want you to know that legally, a parent/guardian cannot waive liability for his/her child. Upon reaching the age of majority, the child has the right to sue the entity holding the waiver. Should the child win a settlement in a court of law, the defendant (holder of the waiver) could, in turn, sue the parent/guardian who signed the agreement. Please carefully consider your risk when making the decision to sign such a waiver and allow your daughter to participate in this activity.

Please see back side of this form for required clothing.

----- Cut here. Return bottom portion. -----

My daughter, _____, has permission to participate in _____.
She is in good physical condition and has not had any serious illness or operation since her last health examination.

During this activity, I may be reached at: Phone (_____) _____ Cellular (_____) _____.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relation to Participant _____

Address _____ City _____

Phone (_____) _____ Cellular (_____) _____

Physician's Name _____ Phone (_____) _____

Special Health Considerations _____

My daughter has never ridden has ridden a few times rides regularly has taken riding lessons for _____ years

The bearer of this letter has my permission as a parent or legal guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician.

Yes No

For girls not currently registered as Girl Scouts: I understand that my daughter is not covered by Girl Scouts of the USA activity insurance, but she has my permission to attend this activity. Yes No

Signature of Parent/Guardian _____ Date _____

Horseback Riding Permission Slip, continued

The following clothing guidelines MUST be followed:

- Long pants and appropriate protective clothing must be worn.
- Clothing must be snug to prevent becoming tangled with the saddle.
- Jewelry, especially hoop earrings, heavy pendants and arm bracelets, must not be worn.
- Boots or shoes with at least a half-inch heel must be worn to prevent feet from sliding through the stirrups.
- If tappaderos (a covering across the front of the stirrups that hold in the feet) are used, then athletic shoes with ties and non-skid soles may be worn.
- Riders may not ride in hiking boots with lug soles, tennis shoes, sandals or barefoot.
- Riders may wear well-fitting gloves to protect hands from blisters, rope burns and cuts.
- **Protective headgear with a properly fitting safety harness that meets the American Society for Testing and Materials (ASTM) F-1163-88 requirements, displaying the Safety Equipment Institute (ESI) seal must be worn by girls and adults when around horses, whether mounted or not.**