

Wish Me Luck Farms Program Registration

A Kid Space LLC Company

20009 Southern Star Stables, Fort Pierce FL 34945

Email: Info@KidSpaceRocks.com www.WishMeLuckFarms.com

Phone: 772-245-9039 Fax: 772-336-7022

Student's Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Best Daytime/Emergency Contact & Number _____

Parents/Guardians Contact Information

Names _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Mom's Cell _____

Dad's Cell _____ Mom's Work _____

Dad's Work _____ Alternate # _____

Tell us about your child: Every child is unique, please use this space to fill us in on any concerns you may have, and also make us aware of any behavioral or developmental issues affecting your child in order to better assist us in caring for him/her.

Allergies/Medical Conditions:

Please list any and all allergies or medical conditions

Dietary Restrictions: _____

Emergency Contact Information

Name: _____	Phone: _____
Relationship to Child _____	
Name: _____	Phone: _____
Relationship to Child _____	
Name: _____	Phone: _____
Relationship to Child _____	

Release For Pick Up

Please name 3 people in addition to you or your spouse who may sign out your child from our center without prior written permission. These individuals will be allowed to remove your child from our care without contact from you, after showing a valid driver's license. (Id will be required)

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child

Media Release:

I understand that both still and video images may be taken of my child and may be used in advertising material or on Wish Me Luck Farms /Kid Space/ Sochin Martial arts websites, as well as posted to our Social Media accounts such as our Instagram, Facebook page etc.

Parent/Guardian Signature

Date

Kid Space LLC Horse Camp Release of Liability Waiver 2.0

I, _____ on behalf of myself

(and my minor child / children) _____.

Please list date of Birth (s) _____.

I understand that my child/children will be traveling from Kid Space to 20009 Southern Star Dr, Fort Pierce Fl 34945 to participate in a Kid Space run equestrian camp. In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break – all of which may cause the rider to fall or be jolted, resulting in serious injury or death.

2. ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.

3. Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment and gear provided to me by Kid Space LLC, hereinafter referred to as the Stable.

4. RELEASE, DISCHARGE AND PROMISE NOT TO SUE Kid Space LLC, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the "Releasees"), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.

5. Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.

6. INDEMNIFY, AND SAVE AND HOLD HARMLESS the Stable, instructors, its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of the horse and any equipment of gear provided therewith or any acts or omissions of wranglers or other employees or agents.

7. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of Florida and is intended to be as broad and inclusive as is permitted by Florida Statute 773.01-773.05 (RIDE AT YOUR OWN RISK), and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

8. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Stable or its owner, agents, employees, guides or wrangles for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by the Stable in defending such an action.

9. State that I am not now pregnant and that I have no history of epileptic seizures, heart condition or any other medical problem that could be affected by horseback riding.

10. IT IS REQUIRED THAT MY CHILD AND ALL RIDERS WEAR PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY.

11. If the person who is to enter into this Agreement is less than eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release the stable, It's owners, employees and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of horseback riding experience.

[Date]

[Signature]

Witness