

PERMISSION SLIP FOR CHILD ATTENDING PONY PARTY AT ICSSOMA FARM

Name of Child attending party: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_  
(phone) \_\_\_\_\_

I understand that while in attendance at a pony party at Icssoma Farm, my child will have the opportunity to ride a gentle horse. I fully understand the risks inherent in horseback riding, and that every precaution possible will be taken by the management of Icssoma Farm to ensure a safe and enjoyable experience for my child. I understand that Icssoma Farm will not be held responsible for any injury or loss incurred while on the property.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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