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| Bit Of Heaven Farms LLC  8974 Union Hill Road Canton Ga 30115 |  |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_   
  
Residential Address:   
Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
City \_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_  
Work Phone \_\_\_\_\_\_   
Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Parent/Legal Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Residential Address of Parent/Legal Guardian:   
Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
City \_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation:

LIABILITY RELEASE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is participating in any and all of Bit of Heaven Farms LLC riding program(s) and activities held on the property or any property unitized of Bit Of Heaven Farms LLC. I acknowledge any and all the risks and potential for risks of equestrian activities. However, I feel that the possible benefits to myself, my son or daughter or ward, are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages, injury, death, loss, emotional distress, and act(s) of God against Bit of Heaven Farms LLC and any of its affiliated personnel including but not limited to Instructors, Therapists, Volunteers, Contractors, Ambassadors, and or Employees for any and all injuries, deaths, and or losses I, my son/daughter/ward, may sustain while participating in any and all activities affiliated with Bit of Heaven Farms LLC.

NOTICE: Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated

Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent of Legal Guardian if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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