Permission to Hack out authorisation form

Name of Child:

Name of Parent/ guardian:

Relationship to minor:

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to leave the premises (Fenland Equestrian Centre) to hack out under supervision of the instructor and leaders provided.

Risk assessments can be viewed at your request.

Parent or Guardian Signature…………………………………………

Date………………………………

Signed by instructor…………………………………………..