

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
PARENT CONSENT AND RELEASE FORM

COURSE: EQUINE SCIENCE

STUDENT _____ GRADE LEVEL _____

ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN _____

BUSINESS PHONE _____

The above named student has my consent to participate in the Equine Science Course being offered by the Ector County Independent School (District). I understand that in participating in the above course, my student will be engaging in horseback riding activities as part of the course. I hereby release the District, its employees, agents, and volunteers of liability from any injury or damage that might occur to my student or their property as a result of his/or her participation in the above named course.

Parent/Guardian