

**INFORMATION AND CONSENT REQUIRED FOR
STUDENT PARTICIPATION IN HORSEMANSHIP
PHYSICAL EDUCATION ACTIVITY PROGRAM
Wichita State University**

Course: KSS 102M

Section No.

Semester

INSTRUCTOR

This is an important document required for your participation in a Horsemanship physical education activity class at Wichita State University. As the document is explained, listen, follow along, and initial/date each section below to note your understanding and agreement.

Since every physical activity has certain inherent risks, regardless of the precautions taken, it is impossible to guarantee, absolutely, the safety of the participants. The risks of engaging in horsemanship include, but are not limited to — strained muscles and consequent muscle soreness, injuries to joint areas, broken bones and other bodily injuries due to falling down, severe health problems due to overexertion, and death.

I understand that every reasonable precaution has been taken to provide a risk-free environment; but, I also understand that it is impossible to prevent all incidents of bodily injury.

INITIALS _____

DATE _____

I agree to follow all the safety rules and procedures provided by my instructor, and to report to my instructor, immediately, any incidence of bodily injury and/or blood spill, unsafe behaviors by anyone around the activity area, unsafe environmental conditions, or detection of faulty equipment. I also agree to take responsibility for my own safety by thinking and behaving with care and good judgment.

INITIALS _____

DATE _____

I take full responsibility for determining my physical capability, free of medical contraindications, to engage in this horsemanship class, and I agree to participate in such a way as to not endanger my health or the well-being of others. I understand that I am free to discontinue physical activity any time I feel it will endanger my well-being, and I will inform the instructor of any health problems or difficulties or constraints that I feel preclude my active participation in normal class activity.

INITIALS _____

DATE _____

I have read the preceding statements and am aware of the class rules and regulations as indicated by the instructor, have listened to the instructor's commentary, and have had the opportunity to ask questions and have them answered. I fully understand and appreciate the risks inherent to participation in horsemanship, and I am voluntarily engaging in this activity. I further understand that in the event of a medical emergency, as perceived by me or the instructor, the instructor may initiate emergency action that entails the calling of Emergency Medical Services (EMS), the financial expense for which I agree to be responsible.

SIGNATURE _____ DATE _____

PRINTED NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____