



ADULT INTRODUCTORY COURSE REGISTRATION FORM

Name

Date of Birth (if applicant is under 18 years of age).....

Address

Postal Code Email address

Telephone (Residence) (Cell phone) (Other)

CONDITIONS

- 1. It is inevitable that every rider will sustain a fall. Therefore, we require that if you have any condition which could be aggravated by a fall you must consult your physician before commencing any equestrian activities.
2. Release and Waiver of Liability must be read and signed (see reverse).
3. All students must be wearing an ASTM approved riding helmet, long pants, and boots with a flat sole and low heel. All students under the age of 18 years are required to wear a protective riding vest.
4. Any cancellation will result in a \$70 fee. Less than 15 days to the start date of the class and the deposit is non-refundable. After the start of the class, all fees are non-refundable.
5. All courses are a personal reservation. Therefore, any missed lessons are NON-REFUNDABLE and NON-TRANSFERABLE.
6. The school reserves the right to cancel any student's lesson in order to accommodate special events or holidays at the school.
7. The school also reserves the right to terminate any student's lesson at its sole discretion. Any such cancellation will result in a full refund of any lessons on balance at the time of termination.
8. I consent to receive emails from the Riding Academy at the Horse Palace regarding subjects including, but not limited to: schooling shows, clinics and camps, road closures/diversions, and parking. I understand that I can opt out of receiving such emails, by sending an email to: horsepalace@bellnet.ca with the subject "unsubscribe". Emails will not be sold, distributed, or used for any other purpose than to contact clients of the Riding Academy at the Horse Palace ____ initial

NOTE: Each registration must be accompanied with a VISA, MasterCard or Debit Card number for payment in full.

EMERGENCY CONTACT

Person to be contacted..... (Relation to student).....

Telephone (Residence) (Business) (Other)

INFORMATION

How did you hear about the Riding Academy?

When was the last time you were on a horse?

Any allergies, perceptual or physical difficulties?

Are you on medication that would affect your activities at the stable?

Signature of Applicant Signature of Guardian (For applicants under 18 years of age)



ADULT RELEASE AND WAIVER OF LIABILITY

I REQUEST permission to participate in horseback riding and other activities at the Riding Academy at the Horse Palace

I FULLY UNDERSTAND AND ACKNOWLEDGE that there are inherent risks, dangers and hazards associated with horseback riding, handling and grooming of horses and other stable activities.

I ASSUME AND ACCEPT all risk of injury or loss to me or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I agree not to bring any claim, and waive, release and discharge the Riding Academy at the Horse Palace, including their operators, its directors, officers, employees, agents, representatives or anyone acting on their behalf, or guests, including any land owner, land holders or other persons making property available to the Riding Academy at the Horse Palace, for any and all claims or liability for injury or loss to me, or any damage to my property or loss of any kind whatsoever arising out of my participation in the activities at the Riding Academy at the Horse Palace.

I ACKNOWLEDGE reading the above Release and Waiver of Liability, which **I UNDERSTAND**.

I FURTHER ACKNOWLEDGE receiving a copy of this Release and Waiver of Liability.

Signature of Rider

Name of Rider (*Printed*)

Dated