



REGISTRATION FORM

Name

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

Address

Postal Code Email address

Telephone (Residence) (cellphone) (Other)

CONDITIONS

- 1. Individuals wishing to commence lessons must be a minimum of eight years of age, and weigh between 30 and 90 kg.
2. 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.
3. All students must supply themselves with the following: 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. All lessons must be booked and paid for in advance in a series of four by VISA/DEBIT CARD only.
5. Cancelled or missed lessons will result in a full lesson fee charge.
6. Lessons canceled with less than 24 hours notice are forfeit. No exceptions. initial
7. Lessons canceled with 24 hours notice can be made up in a makeup lesson outside the regular ride time within a month of the cancel.
8. All lessons are a personal reservation. Therefore, lessons are NON-REFUNDABLE and NON-TRANSFERABLE.
9. The school reserves the right to cancel any student's lesson in order to accommodate special events or holidays at the school.
10. The school also reserves the right to terminate any student's lessons at its sole discretion. Any such cancellation will result in a full refund of any lessons on balance at the time of termination.
11. 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

EMERGENCY INFORMATION

Health Card Number

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

Telephone (Residence) (Business) (Other)

INFORMATION SHEET

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 ability to ride?

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



CHILD RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child,,
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 my child or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for my child, myself, my
child’s 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 my child, or any damage to my property or loss of any kind whatsoever arising out
of my child’s 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 or having access to this Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Child’s Name

Dated