



CHILDREN'S INTRODUCTORY COURSE REGISTRATION

Name
Date of Birth (if applicant is under 18 years of age)
Address
..... (Postal Code)
Telephone (Residence) (Business) (Other)

CONDITIONS

- 1) Children must be a minimum of 9 years of age before commencing lessons.
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) Release and Waiver of Liability must be read and signed (see reverse).
4) All students must supply themselves with a ASTM safety approved riding helmet, and boots with a low heel and flat sole.
5) All students under the age of 18 years must supply themselves with a safety approved protective riding vest.
6) All lessons must be booked and paid for in advance series of four by CHEQUE or VISA / DEBIT CARD only.
7) Any cancellation must be made fifteen days prior to the selected session.
8) All courses are a personal reservation. Therefore, any missed lessons are NON-REFUNDABLE and NON-TRANSFERABLE.
9) The school reserves the right to cancel any students 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.

DATE OF SESSION SELECTED

Cost Payment Received

Note: Each registration must be accompanied with a CHEQUE or VISA / DEBIT CARD number for payment in Full.

EMERGENCY INFORMATION

Health Card Number
Person to be contacted (Relation to student)
Telephone (Residence) (Business) (Other)

INFORMATION SHEET

What type of previous riding experience and where? English [] Western [] Lessons [] Pleasure [] Competitive []
Location(s)
Length of time riding (Frequency or number of times on a horse)? Daily [] Weekly [] Monthly []
Other Number of years
When was the last time you were on a horse?
Any allergies, perceptual, or physical difficulties?
Are you on any medication If so, what?
Signature of Applicant Signature of Guardian

CHILD

RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child, ,
to participate in horseback riding and other activities at Central Don Stables, Sunnybrook Stables Limited.

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 Central Don Stables, Sunnybrook Stables Limited, 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 Central Don Stables, Sunnybrook Stables Limited,
for any and all claims or liability for injury or loss to my 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 Central Don Stables,
Sunnybrook Stables Limited.

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 Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Child's Name (*Printed*)

Dated