Whitchurch Riding Academy

Enrollment Form (for students over 18)

Student Name (Last) _____ (First)_____ M ☐ F ☐ Age _____

Address _____ Apt. #_____

City _____ Prov. _____ Postal Code_____

Home Phone (___) _____ Cell (___) _____ Work Phone (___) _____

E-mail:_____ Medical Issues: _____

Emergency Contact: _____ Phone: (____) _____

Riding experience:
- ☐ No experience
- ☐ Beginner (able to tack horse, and trot)
- ☐ Intermediate (able to canter independently, without a group)
- ☐ Advanced (able to jump small courses, basic dressage)
- ☐ Master (specify discipline and level) _____

Interested in: ☐ Group Lessons (4-6) ☐ Semi-Private Lessons (2-3) ☐ Private Lessons ☐ Riding Camp

Referral: ☐ Home Show ☐ Internet ☐ Friends ☐ Road Sign ☐ Newspaper ☐ Yellow Pages ☐ Other _____

Other notes: _____

Payment Method: ☐ Cheque ☐ Visa ☐ Mastercard Name: _____ Exp ___/___

Card # _____ Signature: _____

WHITCHURCH RIDING ACADEMY INC

Risk Awareness Form (must be completed before riding)

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY
AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN HORSBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY WHITCHURCH RIDING ACADEMY INC.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH(TO ME OR MY PROPERTY.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINST WHITCHURCH RIDING ACADEMY INC OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORES FOR ANY INJURY (INCLUDING DEATHER), TO ME OR ANY DAMAGE PERPERTY, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

DATED _____ SIGNATURE:_____

PRINT NAME: _____

WITNESS: _____