

Whitchurch Riding Academy
Enrollment Form (for students under 18)

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

Parent / Primary Contact Mr./Mrs./Ms. (Last) _____ (First) _____

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: _____



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

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY FOR A MINOR CHILD

I REQUEST PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES AT OR IN WHITCHURCH RIDING ACADEMY INC.

I FULLY UNDERSTAND THAT HORSEBACKRIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS. I WISH TO ALLOW MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INURY (INCLUDING DEATH) TO MY CHILD OR MY POOPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BIENG PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINS WHITCHURCHRIDING ACADEMY INC. OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO MY CHILD OR ANY DAMAGE TO MY ROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATIN IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF _____ THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS AND ASSIGNS.

IN THE EVEN OF AN EMERGENCY, I AUTHORIZE THE PHYSICIAN IN THE EMERGENCY CARE UNIT SELECTED BY THE WHITCHURCH RIDING ACADEMY INC. STAFF TO SECURE PROPER TREATMENT FOR MY CHILD.

DATED _____ SIGNATURE OF PARENT/GUARDIAN: _____

PRINT PARENT/GUARDIAN NAME: _____ CHILD'S NAME: _____

WITNESS: _____