



Whitchurch Riding Academy

Lesson Registration (over 18)

Date: ___/___/___
M D Y

Primary Contact Information

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Home Phone (____) _____ Cell (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Secondary Contact/Emergency

Mr./Mrs./Ms. (Last) _____ (First) _____

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Home Phone (____) _____ Cell (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Payment Cheque Visa Master Card Amex

Card # _____

Name _____ Exp. Date ____/____

Signature _____

Student

Last Name _____

First Name _____

Age _____ M F

Are you a past Whitchurch Riding Student or Camper? Yes No

Riding

No Experience Walk Posting Trot Beginner Canter
Small Jumps Intermediate/Adv Advanced

Notes on riding: _____

Preferred Lesson Format: Group Semi-Private Private

Preferred Days: Mon Tues Wed Thurs Fri Sat Sun

Preferred Times: Morning Afternoon Evening

Notes on schedule: _____

Medical

Do you have any allergies? Yes No

Are you under any treatment we should be aware of? Yes No

Any health or behavioural conditions we should be aware of? Yes No

Will you be carrying any medication to be taken? Yes No

Please elaborate, or include any other important medical or custody notes.

HOW DID YOU HEAR ABOUT WHITCHURCH RIDING ACADEMY?

Home Show Internet Friends Newspaper Road sign

Returning Camper/Student Other _____

WRA Risk Awareness Form (must be completed before riding at WRA)

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 HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY WHITCHURCH RIDING ACADEMY INC.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING 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 DIRECTORS, FOR ANY INJURY (INCLUDING DEATH), TO ME, OR ANY DAMAGE PROPERTY, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

NAME: _____ SIGNATURE: _____

DATED: _____ PRINT NAME: _____ WITNESS: _____