



Whitchurch Riding Academy

Lesson Registration (under 18)

Date: ___/___/___
M D Y

Parent 1/Guardian/Primary Contact

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

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Home Phone (____) _____ Cell (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Parent 2/Secondary Contact

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

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Home Phone (____) _____ Cell (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Payment E-Transfer Visa Master Card Amex

Card # _____

Name _____ Exp. Date ____/____

Signature _____

Student

Last Name _____

First Name _____

Birthdate: ___/___/___ Age _____ M F
M D Y

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

Introduction (2 x 1hr) Beginner Group (2-4) Beginner Private
Standard Lesson (2-4) Half-hour Private Full 45 min. Private

Preferred Days & Times

Mon Tues Wed Thurs Fri Sat Sun
Morning Afternoon Evening

Notes: _____

Medical

Does your child have any allergies? Yes No

Is your child under any treatment we should be aware of? Yes No

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

Will your child be carrying any medication? 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 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 HORSEBACK RIDING, 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 INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING 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 AGAINST WHITCHURCH RIDING ACADEMY INC. OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO MY CHILD OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATION 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 EVENT 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.

CHILD'S NAME: _____ SIGNATURE OF PARENT/GUARDIAN: _____

DATED: _____ PRINT NAME: _____ WITNESS: _____