

WRA Risk Awareness Form

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.

DATED: _____ CHILD'S NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____

WITNESS: _____



Whitchurch Summer Riding Camp 2018 Registration Form (complete both sides)

Today's Date / /
 M D Y

Please submit a separate registration for each camper.

Camper Name

(Last) _____

(First) _____

Birthdate: / / Age M F
 M D Y

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

Parent 1/Guardian/Primary Contact

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

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Primary Phones (____) _____ (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Parent 2/Secondary Contact

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

Address _____ Apt. # _____

City _____ Prov. _____ Postal Code _____

Primary Phones (____) _____ (____) _____

Work Phone (____) _____ Ext _____

E-mail: _____

Whitchurch Riding Camp 2018 Registration Form ♦ Or register securely online from our website!

This side of the form can be used for one camper, or for multiple campers if they are siblings.
Discounts available for multiple bookings!



Camper Name(s):	Camp Fee Beginner, Intermediate & Advanced	Helmet Rental	2 nd Lesson Optional for Intermediate & Advanced Riders	Bus Stops & Busing Fees <i>Important: Indicate bus stop if required</i>			Total
_____				Bedford Park <input type="checkbox"/>	Ashton Meadows <input type="checkbox"/>		
_____				St. Gabriel <input type="checkbox"/>	Aurora/404 <input type="checkbox"/>	Davis/404 <input type="checkbox"/>	
<input type="checkbox"/> Session 1 July 2 - July 6	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 2 July 9 - July 13	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 3 July 16 - July 20	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 4 July 23 - July 27	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 5 July 30 - Aug. 3	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> *Session 6 Aug. 7 - Aug. 10	*4 days \$ 349 <input type="checkbox"/>	\$ 19 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 109 <input type="checkbox"/>	\$ 64 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 7 Aug. 13 - Aug. 17	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> Session 8 Aug. 20 - Aug. 24	5 days \$ 419 <input type="checkbox"/>	\$ 24 <input type="checkbox"/>	\$ 179 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 84 <input type="checkbox"/>		_____
<input type="checkbox"/> *Session 9 Aug. 27 - Aug. 30	*4 days \$ 349 <input type="checkbox"/>	\$ 19 <input type="checkbox"/>	\$ 139 <input type="checkbox"/>	\$ 109 <input type="checkbox"/>	\$ 64 <input type="checkbox"/>		_____

* **Note: Riding Camp is closed on Mon. Aug 6 & Fri. Aug 31, 2018**

IMPORTANT - Check one
 My child is not using bus
 My child must be met by an adult when left at bus stop
 My child does not have to be met by an adult when left at bus stop
 Parent/Guardian signature: _____

Sub-total _____

(multiply # of campers) x _____ = _____

Discount for booking multiple weeks, or multiple family members

Book any two weeks Less 5% **Discount** _____

Book three weeks or more Less 10% **Discount** _____

*Only one discount applies

Total _____

Plus 13% HST _____

Medical Information

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 notes and requests.

HOW DID YOU HEAR ABOUT WHITCHURCH RIDING CAMP?

Home Show Internet Friends Road sign
 Royal Winter Fair Returning Camper/Student

TOTAL CAMP FEES

Minimum Deposit \$100 /camper - Full balance is processed May 15.

Amount \$ _____ Cheque Visa Master Card Amex

Card # _____

Name _____ Exp. Date ____ / ____

Signature _____

Mail or E-mail to: Whitchurch Riding Academy Inc.
 19480 McCowan Rd., Mount Albert, Ont. L0G 1M0

E-Transfer: wra@whitchurchriding.com Telephone: (905) 473-5260