

3845 Frank Kenny Road Navan, Ontario, K4B 1H9 (613) 835-2237

PERSONAL INFORMATION – ADULT

RIDER Name:			
	email. If this is a prob	- *	Communication will be
Tel:	_ (home)	(k	ous.)
Known medical problems:			
Under any medication:			
In case of emergency, contact:			
Relationship:			
Tel:	_ (home)	(k	ous.)
Doctor:		_	
Tel.:	_ Hospital:		
ALL RIDERS WILL I	BE REQUIRED TO NCELLED 48 HOU		
How did	you hear about Cent	aur Riding Sch	ool?

ACCEPTANCE OF RISK FORM

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES. PLEASE READ CAREFULLY.

AGREEMENT FOR ACCEPTANCE FO RISK AND WAIVER OF LIABILITY.

I,, requ	est permission to participate in horseback riding and r Riding School.
other equestrian related activities at or in Centau	r Riding School.
I fully understand that horseback riding, handlin are very dangerous. I wish participate in these ac	ng and grooming of horses and other stable activities tivities knowing that they are dangerous.
I accept and assume all risk of injury (including d that I have authority to give this release.	eath) to myself or property. I represent and warrant
representatives, I release and agree not to make Cook, Centaur Riding School or officials, servants,	in these activities, for myself, my heirs, and legal e any claims against Shirley Guertin-Cook, Michael employees, representatives, officers, and/or directors any damage to my property, arising out of my or related activities.
I,, ack	nowledge that I have read and fully understand and
agree to the terms and conditions stated herein, assigns.	and that it is binding upon my executors, heirs, and
permanently affixed to the helmet. The harness recommended to me that the protective headgea	wledge that it is my responsibility to ensure I wear adgear should be secured with a safety harness should be secured and properly fitted. It has been ar meet the A.S.T.M. (American Society for Testing Equipment Institute) seal (according to the law of the
expressed or implied about any protective headge	presentatives make no representation or warranty ear and cautions riders that serious injury and death equestrian sports involve inherent risk and that no le injury.
I ACKNOWLEDGE HAVING RELIABILITY IN ITS ENTIRETY PR	EAD THE ABOVE RELEASE OF RIOR TO SIGNING THIS FORM.
Dated:	
Name (printed)	Signature
Witness' Name (printed)	Witness' Signature