



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

PERSONAL INFORMATION – MINOR CHILD

RIDER

Name: _____

Birthday: _____ (if junior)

Parents/guardian: _____

Address: _____

Email: _____ *** Important: Communication will be done primarily through email. If this is a problem inform us.*

Tel: _____ (home) _____ (bus.)

Known medical problems: _____

Under any medication: _____

In case of emergency, contact: _____

Relationship: _____

Tel: _____ (home) _____ (bus.)

Doctor: _____

Tel.: _____ Hospital: _____

ALL RIDERS WILL BE REQUIRED TO PAY IN FULL ANY LESSON NOT CANCELLED 48 HOURS IN ADVANCE.

How did you hear about Centaur Riding School?

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
FOR A MINOR CHILD.**

I request permission for my child _____ to participate in horseback riding and other equestrian related activities at or in Centaur Riding School.

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 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 against Shirley Guertin-Cook, Michael Cook, Centaur Riding School or officials, servants, employees, representatives, officers, and/or 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.

I acknowledge as parent/guardian of _____ that it is my responsibility to ensure protective headgear is worn by _____ while mounted. This headgear should be secured with a safety harness permanently affixed to the helmet. The harness should be secured and properly fitted. It has been recommended to me that the protective headgear meet the A.S.T.M. (American Society for Testing Materials) standards and display the SEI (Safety Equipment Institute) seal (according to the law of the province of Ontario.).

Centaur Riding School, its employees and/or representatives make no representation or warranty expressed or implied about any protective headgear and cautions riders that serious injury and death may result despite wearing such headgear as all equestrian sports involve inherent risk and that no protective helmet can protect against all foreseeable injury.

I ACKNOWLEDGE HAVING READ THE ABOVE RELEASE OF LIABILITY IN ITS ENTIRETY PRIOR TO SIGNING THIS FORM.

Dated: _____

Child's Name (printed)

Parent/Guardian's Name (printed)

Parent/Guardian's Signature

Witness' Name (printed)

Witness' Signature