

CHILD INTRODUCTORY COURSE REGISTRATION

Name.....
Date of Birth (if applicant is under 18 years of age)
Address.....
Email address.....
Telephone (Residence)..... (Cell).....

CONDITIONS

- 1) It is inevitable that every rider will sustain a fall. Therefore, we require that if you have any condition which could be aggravated by a fall you must consult your physician before commencing any equestrian activities.
- 2) Release and Waiver of Liability must be read and signed (see reverse).
- 3) All students must supply themselves with a ASTM safety approved riding helmet, and boots with a low heel and flat sole. All students under the age of 18 years must supply themselves with a safety approved protective riding vest.
- 4) All lessons must be booked and paid for in advance series of four by credit card or debit only.
- 5) Any cancellation will result in a 70\$ fee. Less than 15 days to the start date of the class and the deposit is non-refundable. After the start of the class, all fees are non-refundable.
- 6) All courses are a personal reservation. Therefore, any missed lessons are NON-REFUNDABLE and NON-TRANSFERABLE.
- 7) The school reserves the right to cancel any students lesson in order to accommodate special events or holidays at the school.
- 8) The school also reserves the right to terminate any student’s lessons at its sole discretion. Any such cancellation will result in a full refund of any lessons on balance at the time of termination.

DATE OF SESSION.....

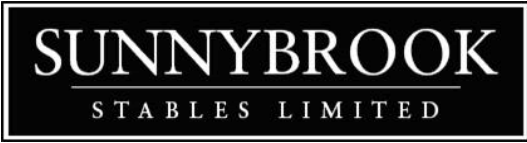
EMERGENCY INFORMATION

Person to be contacted (Relation to student)
Telephone (Residence) (Cell)

INFORMATION

Where did you hear about Sunnybrook Stables?.....
When was the last time you were on a horse?
Any allergies, perceptual, or physical difficulties?
Is the rider taking any medications that could affect activities at the stable?.....

Signature of Applicant Signature of Guardian
(For applicants under 18 years of age)



**CHILD RELEASE AND
WAIVER OF LIABILITY**

I REQUEST permission for my child,
to participate in horseback riding and other activities at Sunnybrook Stables Limited.

I FULLY UNDERSTAND AND ACKNOWLEDGE that there are inherent risks, dangers and
hazards associated with horseback riding, handling and grooming of horses and other stable
activities.

I ASSUME AND ACCEPT all risk of injury or loss to my child or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for my child, myself,
my child's heirs, guardians, and legal representatives, I agree not to bring any claim, and waive,
release and discharge Sunnybrook Stables Limited, including their operators, its directors, officers,
employees, agents, representatives or anyone acting on their behalf, or guests, including any land
owner, land holders or other persons making property available to Sunnybrook Stables Limited, for
any and all claims or liability for injury or loss to my child, or any damage to my property or loss of
any kind whatsoever arising out of my child's participation in the activities at Sunnybrook Stables
Limited.

I ACKNOWLEDGE reading the above Release and Waiver of Liability, which **I UNDERSTAND**.

I FURTHER ACKNOWLEDGE receiving a copy of this Release and Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Witnessed

Child's Name

Dated