

## Registration Form

Activity:	_____	Date:	_____	Time:	_____
Name of participant:	_____	Age:	_____	Weight:	_____
Phone:	_____	Email:	_____		
Address :	_____				
City:	_____	Province:	_____	Postal code:	_____

## Participant Information

Riding experience (if any): \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Card #: \_\_\_\_\_

## Emergency Contact

Name:	_____				
Phone:	_____	Email:	_____		
Address (if different from above) :	_____				
City:	_____	Province:	_____	Postal code:	_____

Equestrian Arts  
1909 Kossuth Road, Cambridge, Ontario  
Mailing Address: 187 Hespeler Road, Cambridge, Ontario, N1R 3H8  
226-808-0221 [equestrianartsc@gmail.com](mailto:equestrianartsc@gmail.com)

## Waiver of Liability

### **Please read the following carefully before signing.**

I understand that horseback riding is a dangerous activity. I am aware that at some point, every rider will sustain a fall from a horse, and that such a fall may cause injury or death. I am aware that horses and ponies, regardless of training and handling practices, can cause injuries or death by biting, kicking, shoving a person, stepping on a person's foot, rearing, striking, stumbling, spooking and other unpredictable behavior.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of the proprietors, relatives, employees and volunteers of Equestrian Arts to the greatest extent allowed by law in the event myself and/or the children under my care, suffer injury or death.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_