MINOR CHILD/DEPENDANT ADULT



KENO HILLS STABLE AND TACK SHOP LTD.

52165 Range Road 210, Sherwood Park, Alberta, T8H 1A1 (780)922-2941

info@kenohills.com

Rider's Name:

Date:

In addition to aiding us in maintaining our records, the information is also required for the safety and quality care of you/your dependent. Thank you for supplying the information in the spaces provided.

Address:	_City:	Postal Code:
Home Phone Number:	Cell Phone Nu	mber:
Please complete the following inform	mation if the rider is in summer o	camp or regular riding lessons.
Fax:		
Parents/Guardians Work Number(s):		
Emergency Contact:	Relationship to	o Rider:
Emergency Contact Phone Number:	Personal Heal	th Number:
Family Doctor's Name:	Family Doctor's Phone	e Number:
Current Medications:		
Known Medical Conditions and/or Disability:		
Allergies:		

Agreement for Release and Waiver of Liability

This document will affect your legal rights and liability. Please read carefully and thoroughly.

I request permission for, _ _, henceforth referred to as the individual, to participate PLEASE PRINT THE CHILDS/DEPENDANT ADULTS FULL LEGAL NAME in activities including, but not limited to outdoor and indoor horseback riding, handling and grooming of horses, other equestrian related activities, recreational and leisure activities which may include swimming, at Keno Hills Stable and Tack Shop Ltd.

I fully understand that horseback riding, handling and grooming of horses, swimming and other camp or Stable activities are potentially very dangerous. I wish to allow the individual to participate in these activities, knowing that they pose risk to the individual.

I acknowledge that I am aware that horseback riding, handling and grooming of horses and other camp or Stable activities require that the individual have and use protective head gear and footwear. I agree to provide and ensure the use of an SEI/FEI approved riding helmet and closed toed, smooth soled footwear with a moderate heel for the individual.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury to the individual, including but not limited to, death, permanent or temporary disability, property damage or loss resulting thereof. I represent and warrant that I have legal authority to give this release and consent.

In exchange for the individual being permitted to participate in these activities, for the individual, myself, the individual's heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against Keno Hills Stable and Tack Shop LTD. or its' owners, officers, directors, members, employees or guests including any land owner, land holders or other persons making property available to Keno Hills Stable and Tack Shop Ltd. for any injury, including death, to the individual or any damage to their/my property, whether from anyone's negligence or not, and any other cause, arising out of the idividual's participating in these dangerous horseback riding or other activities including swimming. I also agree that if anyone makes any claims because of any injury to the idividual, including death or disability, or for any damages to their/my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Please note that a helmet (bike helmets are fine) and a boot or shoe with at least a ¼" heal is required

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian



By typing your name in the above form and checking this box, you confirm your signature on this form.