



Registration Form Student 18 yrs. and Older

(Revised August 2008)

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Student's Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: (____) _____ Email: _____

Date Of Birth: _____ Height: _____ Weight: _____

Health Card Number: _____

Any Medical Conditions? _____ Yes _____ No

If Yes, List: _____

Any Previous Riding Experience? _____ Yes _____ No

If Yes, How Many Years? _____ Name of Riding Academy: _____

Springfield Stables Riding Academy Policies and Rider Acceptance of Risk

1. Payment for lessons **must be made in full prior to the commencement of the first lesson** date. Failure to do so, can and will result in cancellation of the scheduled lesson.
2. Payment for lessons may be cash or a cheque, made payable to Springfield Stables. Cheques returned by the bank will result in a \$35.00 returned cheque charge.
3. Students are required to wear long pants, an equestrian ASTM approved helmet and footwear with a small heel. No students will be permitted in the barns or to ride without the required attire.
4. Cancellation of a lesson by the stable may occur, these lessons will be made up on a date agreed upon with the instructor. Student cancellation of a lesson without 24 hours notice will forfeit the lesson and the lesson will not be made up.
5. Students will abide by all the stables safety rules.

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “**For Participants 18 or Older**”

Please Print Clearly

Every Person must Read and Understand this form before Participating in Equine Activities

TO: Springfield Stables Riding Academy (1596436 Ontario Ltd.) their directors, employees, officers,
(Name of Person, Organization or Company providing the Equine Activities)
volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

- ____ **1. I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.

____2. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____3. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss resulting from my Participation in Equine Activities.

____4. **I Acknowledge** that it remains my **Sole Responsibility** to act in such a manner as to be responsible for my own safety and to Participate Within My Own Limits.

____5. **In addition to consideration given for my Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I or my “Legal Representatives” might suffer as a result of my Participation due to any cause whatsoever **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to any third party which might result from my Participation in Equine Activities.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I know that signing this form, waives certain legal rights I or my “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above

Helmet rental required Yes No