



LESSON REGISTRATION FORM

Rider's Name: _____ Birth Date: _____ Age: _____ M F

Parent/Guardian's Name: _____

Address: _____ City: _____ Postal Code _____

Home #: _____ Bus. #: _____ Cell #: _____

Other cell: _____ E-mail: _____

Health Card Number: _____ Session (Circle): Winter Spring July August Fall

Lesson Day and Time Choices (please select 3): 1. _____ 2. _____ 3. _____

Would you like to receive e-mail updates from B 'N' R Stables? Yes No

Any medical problems we should be aware of? Yes No Details: _____

B 'N' R Stables' Policies

- 1. One make up lesson for the session is provided and will be scheduled at the end of the session**
- 2. If a student is more than 10 minutes late for their scheduled lesson, the lesson will be forfeited.**
3. Students must have boot or shoes with a minimum of ½ inch distinct heel and long pants to ride or the lesson may be forfeited.
4. Students must wear approved riding helmets while riding.
5. Guests are to be in designated areas of the farm only.
6. Students and guests under 18 years of age are not to be left unattended on the farm before and after their lesson.
7. Pets are not allowed on the property.

I have read and understand the above policies and agree to adhere to them.

Signature of Parent/Guardian (under 18)

Signature of Participant (18 and older)

Payment for the amount of: \$ _____ Method of Payment: Cash Debit E-Transfer Cheque Visa MC

Credit Card Info: Name of Cardholder: _____

Card Number: _____ Expiry Date: _____ VC Code: _____

Signature: _____



Please Print Clearly

Participant’s Name: _____ Date of Birth: _____

Address: _____ City: _____ Prov: _____ Postal: _____

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

TO: B’N’R Stables Inc, their directors, employees, officers, 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 _____(date) day of _____(month) , 20 _____(year)

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature of HOST Witness)

Do Not Sign until you Understand All Items Above