



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 Cheque Visa Mastercard

Credit Card Info: Name of Cardholder: _____

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

Signature: _____



ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants Not 18 Years Old”

Please Print Clearly

Child Participant’s Name: _____ Date of Birth: _____

Child’s Address: _____ City: _____ Prov: _____ Postal: _____

Guardian’s Name: _____ Date of Birth: _____

Guardian’s Address: _____ City: _____ Prov: _____ Postal: _____

The Guardian must Read and Understand prior to the Infant 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 am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ____ 2. **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.
- ____ 3. **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.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ____ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree To Waive All Claims that I or the infant Participant might have against the “HOST”; and To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **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 the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “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 Host Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above