

Note: _____

2016 LESSON REGISTRATION FORM (CHILD)

By signing below, the student understands that there is an inherent risk in the sport of horseback riding and horse handling and assumes all liability and responsibility for the use of the horse, tack, facilities and equipment. The undersigned hereby agrees to hold Pickering Horse Centre Ltd. and affiliates free from any claim, whatsoever caused, for damages or injury to person or property.

	(PLEASE PRINT)
STUDENT'S NAME: _	AGE: DATE OF BIRTH:
MOTHER'S NAME:	BUSINESS/CELL #:
FATHER'S NAME:	BUSINESS/CELL#:
HOME PHONE:	OTHER PHONE:
ADDRESS:	
CITY:	POSTAL CODE:E-MAIL ADDRESS:
MEDICAL PROBLEMS	LEARNING DISABILITIES:
HOW DID YOU HEAR	ABOUT PICKERING HORSE CENTRE?
	D IN INFORMATION ABOUT: bws □ □ leasing □□ rider level testing □□ summer camp
make-up lesson or must be given (in value of the control of the co	ar and approved riding helmets are required to gain admittance to the lesson. e after the lesson has started are not permitted in the lesson. lowed in unauthorized areas. Further, only the students are allowed in the stalls and in the barns. F ALLOWED ON THE PROPERTY. entre Ltd. has the right to cancel and reschedule lessons due to extreme weather. It is the student's responsibility to confirm soon in extreme weather. e charged for all cheques that are returned from the bank for any reason. Signature: Signature:
- •	- Cheque Numbers:
☐ Pre-Authorized Cred	•
	Time: Coach:
keceived by:	Date:

Acknowledge of Risk for a Minor Child

(Please read Carefully)

I give permission for my child (print child's name)		
to participate in horseback riding and other equestrian related	activities at The Pickering	
Horse Centre. I fully understand that there is an inherent risk	<i>O</i> ,	
handling and grooming of horses and other stable activities. I		
participate in these activities knowing that there are inherent r		
all risk of injury to my child or my property. I represent and vauthority to give this release.	varrant that I have the	
In exchange for my child being permitted to participate in thes	e activities, for my child,	
myself, my child's heirs, guardians, and legal representatives, l	release and agree not to	
make any claims of any kind against The Pickering Horse Cent		
employees, representatives, officers and directors for any injur		
child or any damage to my property, arising out of my child's p		
riding or related activities. This Acknowledgement of risk form includes all damages, loss, injury not known, but, may arise in the future.		
1055, Injury not known, but, may arise in the ruture.		
I (print Mother's/Guardian's name)		
I (print Father's/Guardian's name)		
Acknowledge as parents/guardians of (print child's name)		
That I have read and fully understand and agree to the terms a	and conditions stated	
herein and it is binding upon my executors, heirs and assigns.		
Signature of Mother/Guardian:	Date:	
Signature of Father/Guardian:	Date:	