



1445 Canaan Road
Cumberland, Ontario, K4C 1G1

RIDER INFORMATION:

FULL NAME: _____

TELEPHONE NUMBER-Home: _____ Cell: _____

HEALTH CARD NUMBER: _____

Emergency Contact NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Acceptance of Risk and Waiver Of Liability

I request permission for my child to participate in horseback riding and other equestrian related activities organized and operated by Riverview Stables Inc.

I fully understand that horseback riding, handling, grooming of horses, and other stable activities can be very dangerous. I wish for my child to participate in these activities knowing that they can be dangerous. I represent and warrant that I have the authority to give this release.

I also understand that while participating in this high-risk sport, it is mandatory that an ASTM approved helmet be worn while mounted by all riders under the age of 18 years. By not wearing proper safety headgear, I fully accept all responsibilities for my child's action.

I accept and assume all risk of injury to my child or my property.

In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Riverview Stables Inc., officials, servants, employees, representatives, officers, and/or directors for any injury to my child or any damage to my property, arising out of my child's participation in these horseback riding or related activities.

I acknowledge as parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns. I have read and will follow all policies set by Riverview Stables Inc. including lesson policies on payment, missed lessons, attire, and stable rules.

Signature of Parent or Guardian

Print Name

Date

Phone: (613) 833-2317, E-mail: janet@riverviewstables.ca
Web: www.riverviewstables.ca