

# Riverview Stables Inc.

Student Information

(CHILD)



STUDEN FULL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ HEALTH CARD NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

## Contact Information

CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### Parent Information

MOTHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ALLERGIES OR MEDICAL CONCERNS: \_\_\_\_\_

### In Case Of Emergency Notify:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## Agreement For 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, my children, 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.

\_\_\_\_\_  
Print Name (parent/guardian)

\_\_\_\_\_  
Signature (parent/guardian)

\_\_\_\_\_  
Date

RIVERVIEW STABLES INC. 1445 CANAAN ROAD, CUMBERLAND ONTARIO, K4C 1G1

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Website: [www.riverviewstables.com](http://www.riverviewstables.com)