

**Name of Stable**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**This form is to be used as an example only.**

**This is not to be used as a legal form and was not written by a lawyer. If you are looking for a legal document you should always seek legal advice from a lawyer who specializes in the Equine Industry.**

**TrentRiders.com cannot be held responsible for the use of these forms in any manner, nor are we offering legal advice by placing these forms online.**

**By downloading and using these forms, you agree to the above terms.**

Rider's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
\_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Please list and describe any physical limitations / conditions which might limit or affect your participation in horse riding activities or that the facility should be aware of in case of an emergency. Ex: Allergies, back injuries etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ontario Equestrian Federation Membership Number: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Emergency Contacts Continued:

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Parent/Guardian if under 18 years of age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

Riding Information:

Years of experience: \_\_\_\_\_

Level of Rider: \_\_\_\_\_

Will be riding: Own Horse \_\_\_\_\_ Leased Horse \_\_\_\_\_ Facility Horse \_\_\_\_\_

Will be participating in:

Lessons \_\_\_\_\_ Trail Riding on and off Facility Property \_\_\_\_\_ Clinics \_\_\_\_\_

Carriage Driving \_\_\_\_\_ Jumping \_\_\_\_\_ Riding in Pastures \_\_\_\_\_ Pleasure Riding \_\_\_\_\_

ACKNOWLEDGMENT OF RISKS, ACCEPTANCE OF  
RESPONSIBILITY, AND WAIVER OF CLAIMS

I recognize that there is a significant element of risk involved in horseback riding and the handling of horses. I state that I and or my child am fully capable of participating in such activities and I certify that neither I and or my child have no physical conditions, which might interfere with my his or her capability to participate in horseback riding or the handling of horses.

Knowing the inherent risks, damages, and rigors involved in horseback riding, I assume responsibility for myself and or my child for bodily injury, death, loss of personal property and all expenses thereof, which may occur as a result of my own or my child's participation in the handling of horses and/or horseback riding and waive any and all claims which may result from any activity while on the property of \_\_\_\_\_ regardless of fault or cause, and by signing this agreement I hereby waive any and all claims which I may have against \_\_\_\_\_ and their employees and release \_\_\_\_\_ and employees from all liability for injury, death, property damage or any other loss sustained by me and or my child, as a result of my his her participation in any riding lesson, riding in general, clinic, wagon/sleigh/carriage or trail ride, due to any cause whatsoever including without limitation, negligence on the part of \_\_\_\_\_ or their employees, I further agree to indemnify \_\_\_\_\_ and their employees for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them.

I recognize that the risk of serious injury is increased by not wearing certified helmet while horseback riding. I agree to wear a certified protective helmet all times and understand that ALL students are required to wear Certified helmets any time mounted on a horse as well as hard soled footwear with a heel no less than 1.5 cm., as is outlined in Bill 12, The Horse Riding Safety Act, which is posted in the facility barn, and has been read by myself.

I understand that at all times I am responsible for being on any part of the facility property including in pastures, fields, stalls, the barn, and that I or my child do so at our own risk and the risk involved of being where horses are kept and I am fully aware of the dangers involved of entering paddocks, pastures, stalls, riding areas and barns.

I have read, understand, and agree to the terms and conditions stated herein. I acknowledge that this agreement shall be effective and binding upon me / my child during the entire period of my participation in handling of horses and / or taking of horseback riding lessons upon the premises of \_\_\_\_\_ and I may not hold \_\_\_\_\_ responsible or liable for any bodily injury, death, loss of personal property.

Signature of participant or parent / guardian if under 18.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Participant

\_\_\_\_\_ Parent / Guardian