

CREEKSIDE EQUESTRIAN CENTER INC.
Agreement for Acceptance of Risk and Waiver of Liability

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Antigonish, Nova Scotia
B2G 2K8
(902)870-6456
ridecreekside@gmail.com
www.ridecreekside.ca

2015 STUDENT/RIDER PROFILE

NAME OF RIDER: _____

ADDRESS: _____

PHONE: _____ EMAIL _____

AGE: _____

RIDER LEVEL: _____

EMERGENCY CONTACT INFO:

Name & Phone: _____

MEDICAL HISTORY:

Health concerns such as allergies, previous concussions or any other relevant health issues?

THE FOLLOWING INFORMATION WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.
PLEASE READ CAREFULLY

Agreement for Acceptance of Risk and Waiver of Liability

I request permission to participate in horseback riding and other equestrian related activities organized and operated by Creekside Equestrian Center Inc. and Kelly MacDonald. I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death) to me or my property. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Creekside Equestrian Center Inc. and Kelly MacDonald, or officials, servants, employees, representatives, officers and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities.

SIGNATURE: _____

DATED: _____

(If the rider is under eighteen year of age, the Parent/Guardian must sign below)

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.

Signature of Parent/Guardian

Date

GENERAL INFORMATION

Address: _____ City: _____

Province: _____ Postal Code: _____

Email: _____