



3845 Frank Kenny Road
Navan, Ontario, K4B 1H9
(613) 835-2237

PERSONAL INFORMATION

RIDER

Name: _____

Birthday: _____ (if junior)

Address: _____

Email: _____

Tel: _____ (home) _____ (bus.)

Known medical problems: _____

Under any medication: _____

In case of emergency, contact: _____

Relationship: _____

Tel: _____ (home) _____ (bus.)

Doctor: _____

Tel.: _____ Hospital: _____

**ALL RIDERS WILL BE REQUIRED TO PAY IN FULL ANY LESSON
NOT CANCELLED 48 HOURS IN ADVANCE.**

How did you hear about Centaur Riding School?

RELEASE FROM LIABILITY

I acknowledge that there are inherent dangers and risks in horseback riding and in being around or working with horses. I realize that I could be injured, maimed or killed while engaging in horseback riding or while being around or working with horses. I am prepared to take these risks. I release CENTAUR RIDING SCHOOL from any and all liability or responsibility for any injury to myself while riding on their premises, while riding a horse supplied by them, or while being around or working with or without a horse on their premises. I agree to indemnify CENTAUR RIDING SCHOOL from any and all claims, demands, suits, or liability which may be brought against them by others as a result of injuries sustained by myself while riding on their premises, while riding a horse supplied by them, or simply while being around or working with a horse on their premises.

I acknowledge it is my responsibility to wear protective headgear while mounted. This headgear should be secured with a safety harness permanently affixed to the helmet. The harness should be secured and properly fitted. It has been recommended to me that the protective headgear meet the A.S.T.M. (American Society for Testing Materials) standard and display the SEI (Safety Equipment Institute) seal.

Centaur Riding School, its employees and/or representatives make no representation or warranty expressed or implied about any protective headgear and cautions riders that serious injury and death may result despite wearing such headgear as all equestrian sports involve inherent risk and that no protective helmet can protect against all foreseeable injury.

I ACKNOWLEDGE HAVING READ THE ABOVE RELEASE OF LIABILITY IN ITS ENTIRETY PRIOR TO SIGNING THIS FORM.

Date: _____

Witness

Rider

Witness

Parent if rider/owner is under 18