|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | NAME HERE  Is turning AGE! | |  | |  | |  | | --- | |  | | Join us for A Pony party!  Date & Time 10:45am -1pm  Royale Equestrian Centre 2191 Woodroffe Ave  RSVP – Telephone/E-Mail | |
|  |  |  |
| |  | | --- | | What to Wear:  -Long pants  -Bike Helmet  -Rubber Boots  Dress for the weather! | |  | |  | |  | | --- | |  | | **A fun time horseback riding, grooming ponies & meeting the farm animals!**  XX# of parents are needed to assist please let us know if you can stay!  Please RSVP BY DATE  **www.royaleequestriancentre.com** | |

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**Birthday Party Registration & Waiver**

**This waiver must be completed and signed. A waiver must be signed or your child will not be able to participate in the Horseback riding.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian/Emergency Contact**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Problems or Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to receive e-mails from time to time with information about upcoming events, special offers, or discounts at Royale Equestrian Centre.**

**(please circle) YES /NO**

**Agreement For Acceptance Of Risk and Waiver of Liability**

Royale Equestrian Centre 2191 Woodroffe Ave. RR2 Ottawa On K2C 3H1

**RELEASE OF LIABILITY STATEMENT**

The undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PRINT NAME), does hereby acknowledge and assume the risk of participation in any and all horse-related activities in association with the Royale Equestrian Centre including it’s owners, staff, and clients. He/she voluntarily assumes all risk of loss, damage, illness, or injury that he/she may sustain while so engaged or as a result thereof. He/she agrees to hold harmless, release, and indemnify the Royale Equestrian Centre and its owners, employees, and agents in any location where horse-related activities are conducted, horses and/or property are used, of and from all claims which may hereafter accrue on account of any injury, loss, or damage, which he/she may suffer, because of any matter, thing, condition, negligence or default whatsoever. INITIALS \_\_\_\_\_\_\_\_

He/she hereby accepts the full risk and danger of any hurt, injury, or damage that may occur through or by reason of any matter, thing, condition negligence or default, of any person or persons whatsoever. It is further agreed and understood that he/she shall be responsible for and maintain related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at the Royale Equestrian Centre. Liability insurance is also strongly urged. NITIALS\_\_\_\_\_\_\_\_\_

He/she agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her at either the Royale Equestrian Centre or off property including but not limited to horse shows, clinics or trail rides, and understands that the Royale Equestrian Centre does not provide health, accident, or liability insurance to volunteers in horse related activities. INITIALS\_\_\_\_\_\_\_

I realize that there are inherent dangers involved in sporting activities and that horseback riding and jumping in particular is a high-risk and further acknowledge the inherent risk in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling. In consideration of being allowed to participate at Royale Equestrian Centre, I agree to assume all risk and responsibility for the safety of my property, my horse(s) and myself. INITIALS\_\_\_\_\_\_\_\_\_

**In exchange for being permitted to participate in the above outlined activities, for myself and/or my child. and legal representatives, I release and agree not to make or bring any claim of any kind against, Royale Equestrian Centre, Emily Bertrand, Dawn Patterson, or officials, employees, representatives, volunteers, officers and directors for any injury (including death) or any damages to my property, arising out of my participation in these dangerous horseback riding related activities.**

The invalidity of any statement or waiver of rights above under local, provincial or federal law does not invalidate any other statement or waiver of rights above.

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge 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.**

Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT RESPONSIBILITIES**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,understand that horses are independent living beings with their own minds and, as such, can never be entirely predictable. I understand that there are always elements of risk in Equestrian activities including permanent disability or death.

I am aware that at all times when in the stables or working around horses it is MY

RESPONSIBILITY to:

 Be alert and respectful of horses’ intentions signaled with their ears and eyes and carried out with their teeth and hooves.

 Speak in a reassuring tone when approaching horses and avoid sudden movements or noises.

 Never leave horses unattended with stall door open, in the stable aisles, while they are cross tied, or in the riding area.

 I WILL NOT FEED THE HORSES OR FARM ANIMALS

 Always wear appropriate clothing including rugged boots. NO SANDALS ALLOWED

 Children are never to be left unattended

 Know all fire emergency procedures and never smoke or be intoxicated in the stable or allow others to do so.

 Read and obey all posted information and warnings.

 Comply promptly with all verbal directions of stable personnel, officers, and instructors

unless I believe that by so doing I will endanger myself, other people, or horses, in which

case I will immediately express my opinion to the person involved.

 Refrain from acting in any manner that may cause or contribute to my injury or the injury of

other people or horses.

I am aware that at all times when riding, it is MY RESPONSIBILITY to:

 Never ride alone.

 Use proper equipment and attire including a regulation hard-hat with the chin harness snugly fastened at all times and boots with heels.

 Ride in control ONLY on horses rated with my ability level.

 Be constantly aware of, anticipate, and be able to avoid nearby horses, people, obstacles,

natural and man-made hazards.

 Never tailgate and always audibly alert riders and people on the ground in advance of

changes in direction or when overtaking another horse.

I understand that this is only a partial list, and I must be safety conscious and exercise safety and judgment AT ALL TIMES.

I understand there is ABSOLUTLY NO SMOKING PERMMITED ON THE PROPERTY

ANYONE found to be endangering themselves, other people, or horses faces immediate

revocation of riding privileges.

**Please sign and date to verify that you have read and understand the above participant responsibilities:**

Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_