

STEVENS CREEK FARM
Registration and Waiver for Minors

Rider Name: _____ **Age:** _____ **Birth date:** _____

Boarder Horse Name: _____ **Breed:** _____ **Birth year:** _____

Activity: Boarding _____ Lessons _____ Camp _____ Staff _____ XC/hack _____ Clinic _____

For Camp only: Session(s) _____ **Camp dates:** _____

Camper lives with: _____ **Schedule:** _____

Name guardian#1: _____ **ph# m:** _____ **cl/wk:** _____

Address _____ **pc** _____

Would you like email contact? _____ **email address:** _____

Name guardian#2: _____ **ph# hm:** _____ **cl/wk:** _____

Address (if different) _____ **email address:** _____

Emergency Contact: _____ **Ph#:** _____ **cell:** _____

Rate Fitness level (1 to 10fit) _____ **Previous riding/show experience:** _____

Other sports done on a regular basis: _____

How you learned of Stevens Creek Farm: _____

Allergies: _____ **Rider OHIP#:** _____

****Is there anything that the staff should be aware of regarding this riders' learning method and/or fears that would help with teaching your child and choosing an appropriate horse to ride.**

CHEQUES PAYABLE TO - Stevens Creek Farm

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I request permission for my child, _____, to participate in horseback riding and other activities at Stevens Creek Farm. I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I wish to allow my child to participate in these activities knowing that they are dangerous. I accept and assume all the risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release. In exchange for my child being permitted to participate in these activities, I release, for my child, myself, my child's heirs, guardians, and legal representatives, and agree not to make any claims of any kind against Stevens Creek Farm, Andy de Ste. Croix, Teddie Laframboise, or officials, servants, employees, representatives, officers, and directors for any injury (including death) to my child, or any damage to my property, arising out of my child's participation in these dangerous 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.

PARENT NAME: _____ **CHILD NAME** _____

SIGNATURE _____

WITNESS SIGNATURE: _____ **DATED:** _____