

STEVENS CREEK FARM-Waiver for Adults

Rider name _____ Age _____ birth date _____
Boarder _____ Lessons _____ Staff _____ Camp Session(s) _____
Address _____ postal code _____
E-mail address _____
Phone-hm _____ wk _____ Cell _____
other info _____
Emergency Contact _____ Ph# _____
Optional-
Allergies _____ Medical condition _____
Prescription medication _____
Rider OHIP# _____ Riding Experience _____
Rate rider fitness(other sports) _____
Would you like email contact? _____ email address _____
Horse Information-Please provide health record and coggins on arrival.
Show name _____ barn name _____ year born _____
breed _____ height _____ behavioral/stable vices _____
Horse owner (if different from rider) _____
Owner Address _____
Estimated value of horse \$ _____ Is horse insured? _____ amount _____

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I request permission 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 participate in these activities knowing that they are dangerous. I accept and assume all the risks of injury (including death) to me or my property. In exchange for being permitted to participate in these activities, I release, for myself, my heirs, guardians, and legal representatives, and agree not to make or bring any claim 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 me or any damage to my property, arising out of my participation in these dangerous horseback riding or related activities.

NAME: _____

SIGNATURE _____

WITNESS: _____ DATED: _____

CHEQUES PAYABLE TO - Teddie Laframboise

Stevens Creek Farm
ph: 613-489-0248

6439 2nd Line Road
fx: 613-489-0308

Kars Ontario K0A 2E0
e-mail: teddie@stevenscreekfarm.ca

STEVENS CREEK FARM-Waiver for Minors

Rider name _____ Age _____ birth date _____
Boarder _____ Lessons _____ Staff _____ Camp Session(s) _____
Mother _____ ph# hm _____ cl/wk _____
Address _____ pc _____
Father _____ ph# hm _____ cl/wk _____
Address _____
Would you like email contact? _____ email address _____
Emergency Contact _____ Ph# _____

Optional-

Allergies _____ Medical condition _____
medication (prescription) _____
Rider OHIP# _____ Sport activities _____
Other _____

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: _____

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