



EQUUS 3D EQUESTRIAN CENTRE
Agreement for Acceptance of Risk and Waiver of Liability

434136 4th Line Amaranth
R.R 7 Orangeville
ON, L9W 2Z3
(519) 940-0048
Equus3d@ican.net
www.equus3dfarm.com

2008
STUDENT 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 Equus 3D and MH Lessard. 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 Equus 3D and MH Lessard, 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