

**REGISTRATION FORM
EQUINE CANADA COACHING MENTORING CLINICS**

Clinic will cover expectations for Equine Canada Coaching Programs as well as provide candidates with practical experience and feedback.
Candidates are eligible for 6 mentoring hours per day.

Please indicate which clinic day you wish to attend. Registration is limited and on a first come, first serve basis.

MENTORING FOR LUNGEING: Sunday March 30th, 2008

MENTORING FOR RIDING ON THE FLAT: Sunday April 6th, 2008

MENTORING FOR RIDING OVER FENCES: Monday March 24th, 2008

Clinic hours: 9 to 4

Day fee: \$80 + GST = \$84 ch payable to Equus 3D

Refund minus \$20 admin fee up until 1 week prior to clinic. No refunds after that date.

Name of participant: _____

Address: _____

Phone #: _____

Email: _____

Please choose one of the choices below

Instructor Candidate: _____

Coach 1 Candidate: _____

Coach 2 Candidate: _____ Discipline: _____

Waiver

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