



# EQUUS 3D EQUESTRIAN CENTRE

Agreement for Acceptance of Risk and Waiver of Liability

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ON, L9W 2Z3  
(519) 940-0048  
Equus3d@ican.net  
www.equus3dfarm.com

## 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?

\_\_\_\_\_

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**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

## GENERAL INFORMATION

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_