

# Apple Ridge Farm

www.appleridgefarm.ca \* (613)923-5357 \* appleridgefarm34@gmail.com\*

## Liability and waver for lessons and ridding

Last Name: First Name: \_\_\_\_\_

Parent Name \_\_\_\_\_

Birth Date: Height: \_\_\_\_\_

### Mailing Information

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

City \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Riding Experience

How many years? Where? \_\_\_\_\_

Jumping/Showing experience? \_\_\_\_\_

What other sports/activities is child involved in? \_\_\_\_\_

### Medical Information

Health Card #: \_\_\_\_\_

Physician Name: Tel: \_\_\_\_\_

**Emergency Contact Name: (other than above, please print)** \_\_\_\_\_

Tel: \_\_\_\_\_

**Please advise of any medical conditions**, ie. Asthma, allergies, ADD, osteoarthritis etc. other which may affect the rider's health in any way:

Campers only: Has your child received any psychological/psychiatric/family therapy in the last 12 months? If yes, explain. \_\_\_\_\_

**Is the camper/rider currently taking any medication?** \_\_\_\_\_

Instructions. Under NO circumstances should a child carry his/her medication unsupervised.

Apple ridge farm is released from any Liability or Medical Expenses and is not held accountable.

The rider/camper and/or his/her parent(s) and/or guardian(s) hereby acknowledge the risks and hazards inherent in riding and working around animals, not to be limited to: horses, donkeys, dogs and cats and agree to assume all

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responsibility and risk of bodily injury including death or damage to property and further agree to hold harmless and wave the right to sue for any reason and indemnify Apple Ridge Farm and its owners, employees, volunteers, agents, and representatives from all claims for any bodily injury, howsoever caused, to persons or damage to property arising out of or resulting from the rider/camper's

Apple Ridge Farm premises or use of horses at or from Apple Ridge Farms, as a rider, groom or spectator or otherwise in any type of Apple Ridge Farms organized, sponsored, supported or endorsed activity, whether on Apple Ridge Farms premises or elsewhere, and including transportation provided by

Apple Ridge Farms or the individuals or organizers referred to herein. The camper and his/her parent(s) and/or guardian(s) do hereby consent to any medical examination, treatment or medical services that may be rendered to said camper under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. The rider/camper and the undersigned parent(s) and/or guardian(s) agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges reasonably and necessarily incurred.

Insurance is the responsibility of the rider/camper and/or his/her parents.

The rider/camper and his/her parent(s) and/or guardian(s) do hereby consent that photos/images of the camper/rider may be used in Apple Ridge Farms articles and advertisements without payment or remuneration to that said camper/rider. Please note that the balance of camp/lesson fees must be received no later than first day of your child's camp week or last riding lesson. Failure to do so may result in being withdrawn from camp week or terminate of lessons, all camp weeks and lessons are all deposits are non-refundable and will not be refunded.

I hereby declare that in making this entry I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding on my executors, heirs and assigns. by signing below client agrees to wave all rights to sue apple ridge farm's owner/clients/volunteers/family members and any other person affiliated with apple ridge farm for any reason. The rider/camper and/or his spouse or parents verify that they have never filed a personal injury lawsuit.

Day\_\_\_\_\_ Month\_\_\_\_\_

Year\_\_\_\_\_

Childs name \_\_\_\_\_

Signature (under 18 parent guardian signs)\_\_\_\_\_

Printed name\_\_\_\_\_