



~RIDING LESSON REGISTRATION FORM~ADULT~

STUDENT INFORMATION

Name of Student: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Birth Date: _____

Work Number: _____ Cell Number: _____

Email address: _____

Health Problems / Allergies _____

Health Card Number _____

Emergency Contact #1 Name: _____

Phone Number: _____ Relationship: _____

Emergency Contact #2 Name: _____

Phone Number: _____ Relationship: _____

- ~ Payments for lessons are made monthly in advance.
- ~ Cheques should be made payable to **Benchmark Equestrian Inc.**
- ~ Payment is due on the first lesson of each month.
- ~ A lesson cancelled with adequate notice (24 hours) can be made up within a two week period.
- ~ There will be no makeup lessons if adequate notice is not given for the missed lesson.
- ~ Missed lessons cannot be carried forward to the next month.
- ~ Lessons are approximately 45 – 60 minutes in length.
- ~ No person shall be permitted to ride in the lesson unless properly attired.

**AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF
LIABILITY**
THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES
PLEASE READ CAREFULLY

I REQUEST PERMISSION TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY Benchmark Equestrian Inc.

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 Benchmark Equestrian Inc., OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICER, 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.

The staff of 7 endeavors to maintain high standards of care and to provide a safe environment to its participants. Notwithstanding, the undersigned hereby acknowledges that the sport of riding horses can be dangerous and assumes all risks connected therewith and does agree that Benchmark Equestrian Inc. is not liable or responsible for any personal injury, death or property loss and/or damage to such applicant/participant, the applicant/participant's family, agents and/or employees or to any person whatsoever. The undersigned agrees to indemnify and hold Benchmark Equestrian Inc., its affiliates, employees and agents harmless against any and all claims, liabilities, loss, damage, demands, actions, causes of action, legal fees and expenses of any kind or character whatsoever, which may be asserted by the applicant/participant or any third parties.

I ACKNOWLEDGE 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.

DATED: _____ SIGNATURE: _____

PRINT NAME: _____

WITNESS: _____

IMAGE RESEASE FORM: I allow the use of personal information such as image, name (excluding their personal address/phone/email), video, etc. on the Benchmark Equestrian website, social media, including newsletters, websites, posters, brochures and video, etc.

Name of Participant: _____

Signature of Participant: _____