

STUDENT INFORMATION

Name of Student:		
Address:	City:	Postal Code:
Home Phone Number:	Birth Date:	
Name of Parent/Guardian #1:		
Cell Phone Number:	Work Phone Number:	
Name of Parent/Guardian #2:		
Cell Phone Number:	Work Phone Nu	ımber:
Contact Email Address:		
Please list any health problems, aller child that we should be aware of:	rgies, recent surger	ries or medication concerning your
Health Card Number:		
Alternate Emergency Contact #1	Name:	
Phone Number:	Relationshi	p:
Alternate Emergency Contact #2	Name:	
Phone Number:	Relationshi	p:
period.	able to <u>Benchmark</u> sson of each month. uate (24 hrs) notice sons if adequate notic 5 - 60 minutes in len	<i>Equestrian Inc.</i> can be made up within a two week ce is not given for the missed lesson. ngth.

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AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY FOR A <u>MINOR CHILD</u> THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY

I REQUEST PERMISSION FOR MY CHILD_____ TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES AT OR IN Benchmark Equestrian Inc.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS. I WISH TO ALLOW MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIR, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINST Benchmark Equestrian Inc. OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY ARISING OUT OF MY CHILD'S 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.

All allergies and medical conditions pertaining to my child have been noted on the registration form and I hereby give my consent for medical treatment deemed necessary in an emergency situation.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF _

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 OF PARENT / GUARDIAN: ______

PRINT NAME: _____ CHILD'S 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 Inc. Website, social media, including newsletters, websites, posters, brochures and video, etc. Name of Participant:

Signature of Parent/Guardian if under 18 yrs old: