



MCNEIL EQUINE – REGISTRATION

83078 Lucknow Line
Goderich ON
519.440.2290

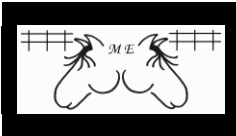
- Lessons (Spring / Summer / Fall / Winter) Desired Time Slot: _____
- Day Camp (Month / Day / Year)
- Camp Week (Month / Day / Year) to (Month / Day / Year)

Rider Information

First Name:	Last Name:
Address:	Gender: M / F Birth Date: Age:
Phone:	Email:

Parent/Guardian:	Phone: Email:
Parent/Guardian:	Phone: Email:
Emergency Contact:	Phone 1: Phone 2:

Health Card #:	Allergies:
Health Concerns:	Behavioural Concerns:
Any Pertinent History:	



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Release for a Minor:

If emergency care is required for (child's name) _____ and if permission is not available in a timely manner, then the undersigned authorizes, appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I have read this release and agree to it:

Signature of Parent/Guardian

Date

Rules and Regulations

1. All programs fees must be paid in full prior to their start. Lesson and Camp spots may be reserved with the deposit of \$100.
2. In order to be issued a make-up lesson, lesson cancellations require 24 hour notice prior to the start of the lesson. All make-up lessons must be used with the current session of programming. Should a lesson be canceled less than 24 hours prior, the lesson will be forfeited.
3. Should a participant withdraw from camp prior to its start, the \$100 deposit is non-refundable. There are no refunds or reimbursements given should a participant arrive late, leave early, or withdraw from camp prior to the end of the session.
4. Proper riding attire is mandatory.
 - a. Long pants (typically breeches or jeans) – shorts, capri's or PJ's are not acceptable
 - b. Boots with a heel of 1.5 cm are require at all times for riding. Open toe footwear is not permitted when working around horses.
 - c. Avoid loose or baggy clothing, dangly earrings and bracelets.
5. ASTM certified riding helmets are required at all times around the horses.
6. Children not participating in programs must be supervised at all times.

By signing below, I agree that I understand all of the rules and regulations. If the participate is younger than nineteen years of age, the parent or guardian signs to indicate they have discussed the rules and regulations with their child.

Signature of Participant or Parent/Guardian

Date

Pictures:

During program activities pictures may be taken of the participant.

I agree to the use of these pictures being used by McNeil Equine for marketing purposes:

Participant

Date

Signature of Parent/Guardian

Date



ACKNOWLEDGEMNT OF RISK AND RELEASE OF LIABILITY **18 years and younger**

Infant Participant's Name:	Date of Birth:
Address:	

Parent or Guardian:	Date of Birth:
Address:	

The Parent/Guardian must read and understand prior to the infant participating in equine activities

To: **McNeil Equine, Jessica McNeil** (Person, Organization, Company Providing the Equine Activities) their directors, employees, officers, volunteers, business operators and site property owners (collectively called the "HOST").

Initial Each Item Below After Reading and Understanding the Item

- I am the Parent and/or Legal Guardian of the Infant Participant** named above and I am executing this form on behalf of the infant participant in my capacity as parent and/or guardian and with the intent that this form is binding on myself and the infant participant for all legal purposes.
- I understand** there are inherent dangers, hazards and risks (collectively called "**RISKS**") associated with Equine Activities and injuries resulting from these RISKS are a common occurrence.
- I acknowledge** that inherent RISKS or Equine Activities mean those **Dangerous** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm, death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- I freely accept and fully assume all responsibility** for the inherent RISKS and the possibility of personal injury, death, property damage or loss which might result from the infant being a participant.
- I acknowledge** that it remains my **sole responsibility** for the safety of the infant participant and for the infant to participate within his/her own limits.
- In addition to consideration given for the infant to participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree**
 - To waive all claims that I or the infant participant might have against the HOST; and
 - To release the HOST from any and all liability for loss, damages, injury, or expense that I, the infant participant or our Legal Representatives might suffer as a result of the infant's participation; and
 - To hold harmless and indemnify the HOST from any and all liability for property damage or personal injury to the infant participant or to any third party which might result from the infant's participation.

Before signing this form I read it (as indicated by my initials above) and stated that I understand it. I further state that I am aware that signing this form waives certain legal rights I and/or the infant participant and/or our legal representatives might have against the HOST.

Signature of Parent/Guardian _____ Date: _____

Signature of HOST Witness _____ Date: _____

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE



ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY **19 or Older**

Participant's Name:	Date of Birth:
Address:	

Every person must read and understand prior to participating in equine activities

To: **McNeil Equine, Jessica McNeil** (Person, Organization, Company Providing the Equine Activities) their directors, employees, officers, volunteers, business operators and site property owners (collectively called the "**HOST**").

Initial Each Item Below After Reading and Understanding the Item

- I understand** there are inherent dangers, hazards and risks (collectively called "**RISKS**") associated with Equine Activities and injuries resulting from these RISKS are a common occurrence.
- I acknowledge** that inherent RISKS or Equine Activities mean those **Dangerous** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm, death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
 - The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- I freely accept and fully assume all responsibility** for the inherent RISKS and the possibility of personal injury, death, property damage or loss resulting from my participation in Equine Activities.
- I acknowledge** that it remains my **sole responsibility** to act in such a manner as to be responsible for my own safety and to participate within my own limits.
- In addition to consideration given for my participation in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree**
 - To waive all claims that I might have against the HOST; and
 - To release the HOST from any and all liability for loss, damages, injury, or expense that I or my Legal Representatives might suffer as a result of my participation due to any cause whatsoever including negligence on the part of the HOST; and
 - To hold harmless and indemnify the HOST from any and all liability for property damage or personal injury to any third party which might result from my participation in equine activities.

Before signing this form, I read it (as indicated by my initials above) and stated that I understand it. I further state that I am aware that signing this form, waives certain legal rights I or my legal representatives might have against the HOST.

Signature of Participant _____

Date: _____

Signature of HOST Witness _____

Date: _____

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE