

X-EQUO HORSEMANSHIP STUDENT RIDER FORM – CLINIC/LESSON



STABLE (facility): _____

ADDRESS : _____ TEL : _____

STUDENT NAME: _____ BIRTH DATE : _____

ADDRESS : _____ CITY : _____ POSTAL CODE : _____

TEL (home) : _____ (office) _____ (cell) _____

E-MAIL : _____

EQUESTRIAN EXP. : Lessons Summer Camps Clinics

Others : _____ Number of years of exp. : _____ years

DISCIPLINS AND EQUESTRIAN INTEREST :

Trail riding Dressage Jumping Western pleasure Reining Gymkhana Driving Others : _____

Lessons/clinic GOALS : _____

REFERENCES : How did you find out about our services ? X-Equo website QEF Friends Others

HEALTH : Disease Injury Disability Allergy Describe : _____

INSTRUCTOR : FFE's BFEE2, FEQ's western trainer/judge, Centered riding Instr.: H el ene Perreault

ADDRESS: 165 rue de Salaberry, Joliette, Qc, J6E 4E8

TEL: (450) 755-3694 **E-MAIL:** helene@x-equo.com **WEB SITE :** www.x-equo.com

ASSUMPTION AND ACKNOWLEDGEMENT OF RISK

PLEASE READ CAREFULLY !

I UNDERSTAND AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, ASSIGNS, PERSONNAL REPRESENTATIVES AND NEXT OF KIN, THAT MY PARTICIPATION IN THIS PROGRAM AND SIGNATURE ON THIS DOCUMENT MEANS THAT :

1. I know that there are significant risks, including the risk of serious injury or death, associated with equestrian activities generally, and competitive equestrian activities in particular;
2. **I ACKNOWLEDGE AND ACCEPT THESE RISKS AND ALL OTHER RISKS ASSOCIATED WITH PARTICIPATION** in this equestrian program offered by X-Equo Horsemanship even if arising from negligence or gross negligence, including any worsening of injuries caused by negligent first aid operations or procedures, of the program organizer, the program venue and any and all persons associated therewith or participating therein;
3. I understand that all applicable rules for participation must be followed and that at all times **THE SOLE RESPONSIBILITY FOR MY PERSONAL SAFETY REMAINS WITH ME;**
4. I will immediately remove myself from participation in the program and notify the nearest official if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I am physically, emotionally or mentally unfit for continued participation in the program;
5. I give a **FULL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS** that I have or may have in the future against X-Equo Horsemanship and H el ene Perreault, its directors, officers, employees, guides, and representatives, advertisers, other participants, sponsors, the venue at which the program is held and its directors, officers, employees, guides and representatives (collectively called the "releasees") from all liability for any loss, damage, injury or expense that I may suffer as a result of my use of, or my presence at the equestrian facilities, due to any cause whatsoever, **INCLUDING NEGLIGENCE AND GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT OR ANY OTHER RELEVANT STATUTES,** on the part of the Releasees;

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP CERTAIN SUBSTANTIAL LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Signature _____ NOM _____ Date _____
(Participant) (Printed name)

Signature _____ NOM _____ Date _____
(Witness) (Printed name)