

# X-EQUO HORSEMANSHIP

## MINOR 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.: Hélène Perreault

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

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

### ADULT WAIVER FOR MINOR PARTICIPANT

#### PLEASE READ CAREFULLY !

In consideration for allowing my minor child/ward to participate in the related equestrian events and activities of X-Equo Horsemanship given by Hélène Perreault, I hereby warrant and agree :

1. I am the parent/guardian having full legal responsibility for decisions regarding my minor child/ward ; and
2. I am familiar with and accept, on behalf of myself and my minor child/ward that there is the risk of serious injury and death in participation in equestrian activities and in competitive equestrian activities in particular; and
3. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in this program, and that his/her equipment, is mechanically fit for his/her use in this program; and
4. I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed (incl. wearing an equestrian helmet) and that at all times the sole responsibility for personal safety remains with my minor child/ward; and
5. I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the program.
6. I authorize X-Equo Horsemanship to consent to emergency medical treatment in accordance with the best interest of my minor child/ward, should I not be present at the relevant time to grant consent myself.

**I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:**

1. **AN UNQUALIFIED ASSUMPTION OF ALL RISKS** associated with participation in this program by my minor child/ward even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by negligent first aid operations or procedures, of the program organizer, the program venue and any persons associated therewith or participation therein; and

**I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISKS  
I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.**

Signature \_\_\_\_\_ NOM \_\_\_\_\_ Date \_\_\_\_\_  
( Parent/guardian) (Printed name)

Signature \_\_\_\_\_ NOM \_\_\_\_\_ Date \_\_\_\_\_  
(Witness) (Printed name)