



Lesson Registration

Students Name: _____

First

Last

Sex: Female

Male

Address: _____

City: _____ Country: _____

Province/ State: _____ Cell: _____

Phone: _____ E-mail: _____

Date of Birth: ____ / ____ / ____

(Month / Day / Year)

For Minors:

Care Card (MSP) Number: _____

Emergency Contact: _____ Emergency Contact Number: _____

Parent/ Guardian: _____

Home: _____ Cell: _____

Work: _____ Email: _____

Are you bringing your own horse? Yes Which will you be bringing? Gelding

No

Mare

Does the participant have any allergies that we need to know about? Yes No

Does the participant require any medications? Yes No

Goals for lessons:

Expectations for lessons:

Payment Method

Check Check No.: _____

Visa Mastercard

Cardholder Name: _____

Card No.: _____

Exp Date: / / CVV Code: _____

Release Form for Media Recording



I, the undersigned, do hereby consent and agree that Erin Valley Riding Stables/Doug Mills Horsemanship, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on _____ and ending on _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Erin Valley Riding Stables/Doug Mills Horsemanship, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Erin Valley Riding Stables/Doug Mills Horsemanship is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 19 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Participants under the age of 19 must have a parent or guardian sign below.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____

**ASSUMPTION OF RISKS, RELEASE OF INTEREST, WAIVER OF CLAIM AND INDEMNITY AGREEMENT
 BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE
 PLEASE READ CAREFULLY!**

To: DOUG MILLS & LYNETTE MILLS DBA ERIN VALLEY RIDING STABLE & TRAINING THRU TRUST
 (REFERRED TO IN THIS AGREEMENT AS THE "PROVIDER")
 AND TO: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL, REGIONAL AND MUNICIPAL)

On my behalf, and on the behalf of any minor children participating in these activities, for who I am legally responsible, I agree to the following:
 (Initials of Customer in the following 3 boxes)

ASSUMPTION OF RISKS: I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behavior at any time and may, without warning, jump, run wildly, buck, kick, bite or step on people or things;
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden, or attended to;
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or my or my child's own failure to ride safely within my or my child's ability or within designated areas and trails;
4. Equipment may fail;
5. Weather conditions can change and can sometimes be dangerous;
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks;
7. The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
8. Negligence on the part of A PROPERTY OWNER AND/OR THE PROVIDER OR THEIR STAFF.

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I am also aware that the risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT: In consideration of the Provider providing me or my child with their horses or sleigh riding and other services and permitting my or my child's use of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively referred to as "the Services"), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as ("THE RELEASEES")) and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child's next of kin may suffer as a result of my or my child's use of the services or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OR CARE INCLUDING ANDY DUTY OF CARE OWED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damages to the property of or personal injury to any third party resulting from my or my child's use of the services;
3. This Agreement shall be effective and binding upon my or my child's heirs, next of kin, executors, administrators, assigns the representatives in the event of my or my child's death or incapacity;
4. This Agreement shall be governed by and interpreted in accordance with the laws of the province of B.C. and;
5. Any litigation involving the parties to this Agreement shall be brought within the Province of B.C.

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PROTECTIVE HEAD GEAR & RIDING BOOTS:

1. Proper riding footwear is required by all persons, regardless of age, participating in any horse related activities;
2. ALL MINORS (horseback riders under 19 years of age) are required to wear protective head gear in the form of a high impact helmet and proper footwear;
3. IT IS HIGHLY RECOMMENDED THAT ALL HORSEBACK RIDERS 19 YEARS OF AGE WEAR A HIGH IMPACT HELMET;
4. I (we) decline to wear a helmet(s) _____

Signature of Customer

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In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this _____ day of _____ 20 _____

<u>Name</u> (Please print)	<u>Signature of Customer</u> (A parent or guardian must sign for children under 19)	<u>Witness</u>
_____	_____	_____

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN.

Please enter your email address if you would like to receive our monthly news letter _____
 (04/12)