



info.MeadowRidge@gmail.com
51303 Range Road 262
Spruce Grove, Ab

Rider Contact Information

Rider's Name: _____ Date: _____

Diagnosis: _____

Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Fax): _____

Email: _____

Likes/ Dislikes: _____

Goal for Riding: (example physical, emotional, behavior, riding skills...) be specific.

Person to contact for scheduling: Must Be Filled In

Name: _____

Phone: (H) _____ (W) _____ (Fax): _____

Occupation: _____

Email: _____

Billing Information:

Name: _____

Address: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (Fax) _____

Photo Release:

I, _____, give Meadow Ridge Equestrian permission to take pictures during lessons, for use in advertising, bulletins, or general display.

Signature: _____ Date: _____



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REGISTRATION FORM— MUST BE FILLED OUT

To be completed by the riding applicant's attending physician for therapeutic riding and at least every three years after that or more frequently if there has been a change in the rider's medical condition. This information helps select the rider's horse and number of volunteers needed to make riding safe. All of this information is treated with the utmost care and regard to privacy and protecting the rider's identity. Part A and Part B MUST BE SIGNED BY PHYSICIAN IN ORDER TO RIDE.

Part A:

Rider Name: _____

Date of Birth: _____

Medical History

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height _____ Weight _____ Sex _____

Frequency of Seizures: _____

Medications: _____

For: _____

Please use separate page to detail surgery if needed.

Surgery

Dates:

Part B: To be completed by physician

Can the individual walk: Yes: _____ No: _____

Do they walk with: Lots of help: _____ little help: _____ No help: _____

Does the individual use a wheel chair: Yes: _____ No: _____

Does the individual have a weaker side: Yes: _____ No: _____

Right: _____ Left: _____

Muscle Tone

Tone in upper extremities: Poor _____ Good: _____ Excellent: _____

Tone in lower extremities: Poor _____ Good: _____ Excellent: _____

Tone in trunk: Poor _____ Good: _____ Excellent: _____

Balance sitting: Poor _____ Good: _____ Excellent: _____

Standing: Poor _____ Good: _____ Excellent: _____

Sensory Function: Sight: _____ Hearing _____ Tactile _____

Continence: _____

Allergies: _____

ATLANTO-AXIAL X-RAY VERIFICATION FOR RIDERS WITH DOWN SYNDROME

Date of X-Ray: _____

Result of X-Ray: _____

Note: Due to the nature of this activity, persons diagnosed with Down syndrome cannot be accepted for riding instruction without proof of a negative diagnostic x-Ray for atlanto-axial instability. This form must be accompanied by a signed and dated statement from a qualified physician giving the date and result of the diagnostic X-Ray. Please list any precautions (i.e. stretching certain body parts)

Signature: _____

Date: _____

Printed Name: _____

(Please Print Clearly)

Address: _____

(Please Print Clearly)

Telephone: _____ Fax: _____

Yearly and Surgical Up-Dating Forms-

**Please fill out this form for September of each year or following every surgery.
Physicians must sign release after each surgery in order for rider to participate in
therapeutic riding.**

Date: _____

Rider Name: _____

Date of Birth: _____

Medical History

Primary Diagnosis: _____

Secondary Diagnosis: _____

Height _____ **Weight** _____ **Sex** _____

Frequency of Seizures: _____

Medications: _____

For: _____

Please use separate page to detail surgery if needed.

Surgery

Dates:

Physician's Signature: _____

Date: _____

Printed Name: _____

(Please Print Clearly)

Address: _____

(Please Print Clearly)

Telephone: _____ Fax: _____

Waiver Form for Meadow Ridge Equestrian
RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING
PLEASE READ CAREFULLY

The undersigned acknowledges that activities undertaken at the facility and lands of Meadow Ridge Equestrian have inherent risks. Meadow Ridge Equestrian will endeavor to provide reasonable services and to act reasonably, although Meadow Ridge Equestrian is not able to assure you that the services they, or anyone else at Meadow Ridge Equestrian facility or associated lands provides or the horses and animals at Meadow Ridge Equestrian will meet your needs or provide a trouble free or risk free experience.

The undersigned releases Meadow Ridge Equestrian, its directors, agents and employees from all liability and waives, as against Meadow Ridge Equestrian its directors, agents and employees all recourse, causes of action or claims of any kind for loss or damages, including any consequential loss or damage, arising from the presence or activities of the undersigned, or anyone for whom the undersigned is a guardian or caregiver at Meadow Ridge Equestrian or any associated lands, and voluntarily accepts the legal risk associated with the presence or activities of the undersigned or anyone for whom the undersigned or a guardian or caregiver at Meadow Ridge Equestrian facility or associated lands, thereby expressly giving up any right of action from the physical risk arising from any actions initiated by the undersigned or, by anyone who is not affiliated with Meadow Ridge Equestrian who is acting on the undersigned's behalf.

The undersigned further acknowledges and agrees that:

- Equestrian activities can be very dangerous and expose all participants or observers to many risks and hazards, some of which are inherent in the very nature of the sport.
- As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death as a result of my presence and actions of the facility of Meadow Ridge Equestrian and any activities I engage in with Meadow Ridge Equestrian, or in or around Meadow Ridge Equestrian facility.
- Some of the risks and hazards are foreseeable, but many others are not.

I nevertheless, freely and voluntarily assume all possible risks, and hazards and acknowledge that my use of or attendance at the facilities at Meadow Ridge Equestrian or its associated lands, while participating in or observing any activities, shall be entirely at my own risk, or at the risk of those for whom I am a guardian or caregiver. I understand that Meadow Ridge Equestrian, its directors, agents and employees do not assume any responsibility or liability whatsoever for my actions while I am observing or engaged in any of the activities or using any of the facilities in any way.

By signing the Release, Waiver of Claim and Assumption of Risk Warning, I will be FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST MEADOW RIDGE EQUESTRIAN, its directors, agents and employees for any loss of damage or injury or death I may sustain as a result of my own actions.

I agree to indemnify and hold harmless Meadow Ridge Equestrian, its directors, agents and employees from any and all 3rd party claims initiated as a result of any act or omission of the undersigned or anyone for whom the undersigned is a guardian at the Meadow Ridge Equestrian facility, or associated lands, for events alleged to have occurred at Meadow Ridge Equestrian facilities or associated lands.

I understand that Meadow Ridge Equestrian intends all users or observers of activities at Meadow Ridge Equestrian facility, or any associated lands, sign this Release, Waiver of Claim and Assumption of Risk Warning. I have carefully read and accept the terms of this Release, Waiver of Claim and Assumption of Risk Warning. I acknowledge that no representation of fact or opinion, threat or inducement has been made or given by Meadow Ridge Equestrian, its directors, agents or employees to induce the signing of this Release.

This Release, Waiver of Claim and Assumption of Risk are binding upon myself, my heirs, my executors, administrators, personal representatives, and assigns.

DATED: _____
(mm/dd/yyyy)

(Signature of Parent or Legal Guardian)

(Witness)

(Printed name of Student/Rider)

(Printed Name of Witness)

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: _____

_____, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

- _____ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) 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;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- _____ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- _____ 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- _____ 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- _____ 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- _____ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
- _____ 7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Participant Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Phone # (_____) _____ Email: _____

(Signature of Participant) Signed this ____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness) Signed this ____ day of _____, 20____

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants **Under the Age of Majority** in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: _____

_____, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- _____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
- _____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) 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; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- _____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- _____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- _____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- _____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Phone # (_____) _____ Email: _____

(Signature of Parent/Guardian of Infant Participant)

Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)