

Fallbrook Trail Ranch 14097 Ninth Line Georgetown, ON L7G 4S8 (905) 873-6588

# LESSON REGISTRATION FORM

Childs Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## Please circle appropriate Session and Day

Lessons:            Session 1                                  Session 2                                  Session 3  
Day of Week:      Saturday 10 am                                  Sunday 10 pm                                  Monday 4 pm                                  Wednesday 4:30 pm

**Session 1**  
Saturdays 10 am - Sept 7, 14, 21 & 28  
Sundays 10 pm - Sept 8, 15, 22 & 29  
Mondays 4 pm - Sept 9, 16, 23 & 30  
Wed. 4:30 pm - Sept 11, 18, 25 & Oct 2

**Session 2**  
Saturdays 10 am - Oct 5, 19, 26 & Nov 2  
Sundays 10 pm - Oct 6, 20, 27 & Nov 3  
Mondays 4 pm - Oct 7, 21, 28 & Nov 4  
Wed. 4:30 pm - Oct 9, 16, 23 & 30

**Session 3**  
Saturdays 10 am - Nov 9, 16, 23 & 30  
Sundays 10 pm - Nov 10, 17, 24 & Dec 1  
Mondays 4 pm - Nov 11, 18, 25 & Dec 2  
Wed. 4 pm - Nov 6, 13, 20 & 27

**Lesson Fee \$190 per Session**

## Ride At Your Own Risk

### *Acknowledgement of Risks and Acceptance of Liability*

I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities; and that a horse irrespective of its training and usual past behaviour and characteristics, may act or react unpredictably at times, based upon instinct or fright, which likewise, is an inherent risk assumed by the horseback rider. I, the undersigned, expressly assume such risk for myself and my family, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, incurred in such horse sport activities.

I further understand the concessionaire reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in such activities. I acknowledge that I have not taken any drugs, alcohol and/or medication and that I have no injuries or illness that would affect my ability to ride a horse. I will list and state any medical restrictions if I have any.

I, the undersigned, recognise the dangers inherent with horseback riding. I am assuming the hazard of this risk upon myself since I wish to ride horses. I realise I am subject to injury from this activity and that no form of preplanning can remove all of the danger that I am exposing myself to. I understand that clothes and sweaters may not be tied around my waist while riding. I will not attempt to put on or remove any clothing while on horseback as flapping clothes may spook the horses.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_