



Mission Ridge Stables  
54410 RR 255, Sturgeon County, Ab  
MissionRidgeStables@gmail.com

### 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 Mission Ridge Stables permission to take pictures during lessons, for use in advertising, bulletins, or general display.

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



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### **RIDER APPLICATION**

Date of Application: \_\_\_\_\_

This application is to help determine eligibility of each individual for consideration of entrance into this riding program. Please read the rider criteria carefully, as therapeutic riding is not appropriate for all individuals. These criteria are used as guidelines, and each client will be assessed on an individual basis.

### **RIDER CRITERIA**

- Must be able to maintain a sitting position while the horse is in motion
- Minimum recommended age of 5 years
- Seizures must be controlled by medication
- Maximum recommended weight of 165 lbs
- Negative finding of Atlanto-axial Instability (For persons with Down Syndrome)
- Riders accepted into the program are done so on a trial basis

### **DAY PREFERENCE**

TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS	SATURDAYS	SUNDAYS

### **Personal Information:**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disability: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ambulatory Status: \_\_\_\_\_

Does this client require a personal aide: \_\_\_\_\_

Comments: \_\_\_\_\_

### **Contact Person:**

Name: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Waiver Form for Mission Ridge Stables**  
**RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING**  
**PLEASE READ CAREFULLY**

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

The undersigned releases Mission Ridge Stables, its directors, agents and employees from all liability and waives, as against Mission Ridge Stables 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 Mission Ridge Stables 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 Mission Ridge Stables 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 Mission Ridge Stables 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 Mission Ridge Stables and any activities I engage in with Mission Ridge Stables, or in or around Mission Ridge Stables 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 Mission Ridge Stables 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 Mission Ridge Stables, 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 MISSION RIDGE STABLES, 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 Mission Ridge Stables, its directors, agents and employees from any and all 3<sup>rd</sup> 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 Mission Ridge Stables facility, or associated lands, for events alleged to have occurred at Mission Ridge Stables facilities or associated lands.

I understand that Mission Ridge Stables intends all users or observers of activities at Mission Ridge Stables 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 Mission Ridge Stables, 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)