

# TRAVIS HALL EQUESTRIAN CENTRE

RR 3 ROCKWOOD, ONTARIO, NOB2KO Ph. 843-4293 Fax. 843-4903

## REGISTRATION FORM

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Applicants Full Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Business \_\_\_\_\_ Email \_\_\_\_\_

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### HEALTH INFORMATION

Contact  
Person \_\_\_\_\_ Telephone \_\_\_\_\_

OHIP  
NUMBER \_\_\_\_\_ Physician \_\_\_\_\_ Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ General Health \_\_\_\_\_

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Mothers Full Name \_\_\_\_\_ Fathers Full Name \_\_\_\_\_  
Previous Equestrian Experience \_\_\_\_\_ Where \_\_\_\_\_

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### WAIVER OF LIABILITY

I request permission to participate in horseback riding and other Equestrian related activities organized and operated by TRAVIS HALL EQUESTRIAN CENTRE.

I fully understand that horseback riding, handling, and grooming of horses and other stable activities are very dangerous, and wish to participate in these activities knowing that they are dangerous.

I accept and assume all risks of injury (including death) to me , my heirs, or property.

IN EXCHANGE FOR BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST TRAVIS HALL EQUESTRIAN CENTRE, OR OFFICIALS, FOR ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS EQUESTRIAN OR RELATED ACTIVITIES.

\_\_\_\_\_  
STUDENT OR SIGNATURE FOR JR. (GUARDIAN )

\_\_\_\_\_  
DATE