



BLACK'S EQUINE CENTRE CONTACT INFORMATION

DATE _____
WRC _____
ERA _____

RIDERS NAME: _____

PARENT/GUARDIAN FOR YOUTH RIDERS _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE NUMBERS: HOME: _____

WORK: _____

CELL: _____

OTHER: _____

EMAIL ADDRESS: _____

ALTERNATE CONTACT: _____

RELATIONSHIP: _____

PHONE NUMBERS: HOME: _____

WORK: _____

CELL: _____

OTHER: _____

HEALTH CARD #: _____

MEDICATIONS: _____

ALLERGIES AND CONDITIONS: _____

(CONTACT LENSES, ALLERGIES, ETC.)

RIDING EXPERIENCE: _____

WHERE? _____

BLACK'S EQUINE CENTRE
WESTERN RIDING CLUB
ENGLISH RIDING ACADEMY

ADULT WAIVER

Date: _____

I understand that there is an element of risk of injury or death in horseback riding and agree that I have chosen to ride at Blacks Equine Centre and The Western Riding Club/The English Riding Academy at my own risk. I therefore agree to hold Blacks Equine Centre and The Western Riding Club/The English Riding Academy, instructors, counselors, volunteers, and employees harmless from all damages or liability for any injury or death to person or property arising from the use of their horses and equipment or while visiting Blacks Equine Centre and The Western Riding Club/The English Riding Academy.

I also understand the importance of wearing heeled footwear and acknowledge that I have been advised by Blacks Equine Centre and The Western Riding Club/The English Riding Academy to do so.

I acknowledge your recommendation to wear a certified riding helmet and do ____ do not ____ (check one) wish to use one of the free available helmets.

NAME (please print)

SIGNATURE

BLACK'S EQUINE CENTRE
WESTERN RIDING CLUB
ENGLISH RIDING ACADEMY

YOUTH WAIVER

Date: _____

I, _____, parent or guardian of _____ acknowledge there is an element of risk of injury or death in horseback riding and agree that I have chosen to allow the above child to ride at Blacks Equine Centre, The English Riding Academy and/or The Western Riding Club at our own risk. I therefore agree on behalf of myself and the above child to hold Blacks Equine Centre, The English Riding Academy and The Western Riding Club, instructors, counselors, volunteers, and employees harmless from all damages or liability for any injury or death to person or property arising from the use of their horses and equipment or while visiting Blacks Equine Centre, The English Riding Academy and The Western Riding Club.

I also understand the importance of wearing heeled footwear and acknowledge that I have been advised by Blacks Equine Centre, The English Riding Academy and The Western Riding Club to do so.

I acknowledge your regulation that the above child **MUST** wear a certified riding helmet and do ____ (check here) wish that the above child use one of the available helmets.

NAME OF CHILD (please print)

SIGNATURE OF PARENT OR GUARDIAN