Meadowlarke Stables Inc.

Registration Form

Student Name:_____**Birth Date**:_____

Address:_____
Street City Province Postal Code

Telephone:_____Cell:_____
Home Business

E-Mail Address:_____

Student Under Age 18

Name of Parent or Guardian_____Telephone_____

Please provide any additional information which may be helpful to the staff
(Physical and/or Mental disabilities, Allergies, Medication, etc.)

_____

Program Name/Day/Time:_____**Fee**:_____

Equipment Rental: Helmet/Crop/Boots_____ Helmet/Crop_____ Boots_____ **Extended Hours**_____

Visa/Mastercard:_____**Exp. Date**:_____

Cardholders Name:_____**Cardholder Signature**_____

PLEASE READ CAREFULLY - GENERAL RELEASE

I/We hereby agree to assume all responsibility and risk from the use and rental of riding horses from Meadowlarke Stables Inc.; and further agree to hold Meadowlarke Stables Inc., Teachers, Counselors, Assistant Counselors, Trainers, Employees and Volunteers free from all damages of liability for any injury to person or property arising as a result of use, rental or lesson, of said horses or equipment or while staying at Meadowlarke Stables Inc..

I/We further acknowledge that any physical and/or mental disabilities, as set out above, constitute full and absolute disclosure and that accepting such full and complete disclosure there are no other medical reasons that would effect my participation in equestrian activities.

The participant is responsible for his/her own medical coverage. I hereby give permission to have staff arrange for any emergency medical care including hospitalization if necessary.

I/We grant permission to Meadowlarke Stables Inc. and anyone authorized by Meadowlarke Stables Inc. to take photographs and/or videos of the above named person for instruction or publicity purposes. I agree to accept the possibility of flaws, distortions, or inaccuracies of reproduction for whatever reason.

I/We have read Meadowlarke Stables Inc. policies . I/We understand and agree to these policies.

Date:_____Signature of Applicant:_____

Signature of Parent or Guardian:_____

CREDIT CARD RECEIPTS WILL BE ISSUED BY EQUINE EMPORIUM

Address: 2800 Meadowpine Blvd Mississauga, Ontario L5N 7E6
FAX (905) 821-1796 E-Mail: info@meadowlarkestables.com