

Contact Information

Please indicate which address you would like invoices mailed to.

Please check if you would like invoices e-mailed.

Student Name _____
Student Address _____
City _____
Postal Code _____
Telephone home _____
Telephone work _____
e-mail address _____
Cell phone _____

Please send invoices to this address.

Contact 1 Name _____
Mailing Address _____
City _____
Postal Code _____
Telephone home _____
Telephone work _____
e-mail address _____
Cell phone _____

Please send invoices to this address.

Contact 2 Name _____
Mailing Address _____
City _____
Postal Code _____
Telephone home _____
Telephone work _____
e-mail address _____
Cell phone _____

Please send invoices to this address.

Acceptance of Risk and Waiver of Liability

Please cross out the section that does not apply to you.

I request permission for my child, _____ to participate in horseback riding and other horse-related activities at Trendsetting Stables and off-site locations.

I, _____, request permission to participate in horseback riding and other horse-related activities at Trendsetting Stables and off-site locations.

I fully understand that horseback riding, handling, grooming of horses and other stable activities are inherently very dangerous. I wish to participate/allow my child to participate in these activities knowing that they are dangerous. I accept and assume all the risks of injury (including death) to my child/myself or my property. I represent and warrant that I have the authority to give this release.

In exchange for my child/myself being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Trendsetting Stables, Lara Ulan, Heads Up!, or Trendsetting Services Inc., or its owners, officers, directors, members, employees, or guests or any land owners, land holders or other persons making property available to Trendsetting Stables or Trendsetting Services Inc. for any injury (including death), to my child or any damage to my property, arising out of my child's participation in these dangerous horseback riding or related activities

Date

Signature (parent/guardian if applicable)

Print Name

Child's Name (if applicable)

Witness Signature

Witness Name

Medical Form

Student Name (last)

Student Name (first)

Alberta Health Care Number

Private Health Insurance Plan Number(s) – optional

Birthday (day/month/year)

Address

Postal Code

Emergency Contact 1

Phone(s)

Emergency Contact 2

Phone(s)

Physician Name

Phone(s)

1. Are there any drug, environmental, or food allergies that we should know about?
2. Are there any medical conditions that we should be aware of?
3. Does this rider wear any orthopedic braces or special supports?
4. Does this rider have braces, mouth pieces or dentures?
5. Does this rider wear contact lenses or eyeglasses?
6. Is this rider on any on-going medications?
7. What is this rider's blood type?
8. Is there anything else that we should know?