

Client / rider information	
Name:	Date of birth:
Address:	City, postal code:
Home phone:	Cell phone:
Email:	

Parent / guardian information <i>(If applicable)</i>	
Name:	Relationship to client:
Email:	Phone:

Person to contact in case of emergency <i>(Parent(s) / guardian(s) above will be contacted first, followed by)</i>	
Name:	Relationship to client:
Phone #1:	Phone #2:

Risks inherent to the activity
<p>I acknowledge the risks inherent to the horse and / or to any equestrian activities, regardless of the safety measures in place, and of the level of supervision from the staff as well as the level of skill and experience of the riders and the side walkers, including but not limited to:</p> <ul style="list-style-type: none">○ Physical injuries that can possibly lead to death, due to:<ul style="list-style-type: none">● The unpredictable nature of the behavior of the horse (sudden halt, the change of direction, acceleration, bucking, backing up, biting, abrupt departure, etc.);● A participant, volunteer or staff member acting in a negligent manner, including but not limited to, failing to maintain control of the horse or failing to act with the required skills;● A food allergy;● Heatstroke;○ Injuries sustained from an object located in the center, such as equipment, the facility, etc. <p>I acknowledge having been informed on the risks inherent to my presence on the grounds of Équi-Libre Therapeutic Riding Centre (ELTRC). I acknowledge that this list only represents a few of the possible risks and I agree to assume all other risks not mentioned above.</p> <p>Initials: _____</p>

Photo & video consent
<p>I consent to authorize the use and reproduction by Équi-Libre Therapeutic Riding Centre of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.</p> <p><input type="radio"/> YES / <input type="radio"/> NO</p>

Equestrian Centre Policies

I certify that I have read and understand all the information in the **Equi-Libre Hippotherapy Safety Policy** (found on our website), including information on our COVID-19 biosecurity protocol.

I agree to respect each point to the best of my ability, and I understand that my safety onsite could be compromised if they are not respected.

YES / NO Initials: _____

I certify that I have read and understand all the information contained in the **Hippotherapy Policy** (also found on our website), which includes important information about:

- Payment for sessions and receipts
- Late arrivals
- cancellations and related fees,
- refunds

I agree to respect the terms set out in the Hippotherapy policy.

YES / NO Initials: _____

(Client name) _____ would like to participate in an equestrian program / receive therapy services from Équi-Libre Therapeutic Riding Centre (ELTRC). I acknowledge the risks, the potential for risk, of equestrian activities. However, I feel that the possible benefits to myself / my child / my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, or administrators, waive and release forever, all claims for damages against ELTRC, its instructors, therapists, aides, volunteers, and/or employees for any and all injuries and/or losses that I / my child / my ward may sustain while participating in programming / receiving services from ELTRC.

I certify that the information contained in this form is accurate to the best of my knowledge. I certify that I did not deliberately omit information about my health condition or the health condition of my child, relevant or not. I am aware that the information contained in this form is confidential and aims to better plan and supervise the safety of the activities in which I will participate.

Name of client *(please print)*: _____

Name of parent/guardian, if applicable *(please print)*: _____

Signature *(of the client or legal representative)*: _____ Date: _____