



Myrddin Equestrian Centre

5046 Trafalgar Road

Georgetown, ON L7G 4S4

905-703-6698 www.myrddin.info

Liability Waiver

Name: _____ Phone – Home: _____
 Address: _____ Phone – Cell: _____
 City: _____ Postal Code: _____ Email: _____

Personal Information: List any health problems that may affect your riding.

Birth Date: _____ OHIP #: _____

Person to Notify in Case of Emergency

Name: _____ Relationship: _____
 Phone: _____

I wish to register for horseback riding instruction as indicated below:

Group: _____ Semi-Private: _____ Private: _____ Special: _____

Use of own horse: _____ Use of Myrddin Horse: _____

I am available to begin classes on _____ and would like _____ lessons per week.

I would prefer lessons: weekdays _____ weekday evenings _____ Saturday _____

My previous riding experience: (list duration and time, type of riding instruction received)

I heard about Myrddin through: (please indicate)

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

I request permission to participate in horseback riding and other equestrian related activities organized and operated at Myrddin.

I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous. I accept and assume all risks of injury (including death) to me or my property.

I 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 Myrddin, or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property arising out of my participation in these dangerous horseback riding or related activities.

Print Name: _____ Dated: _____

Signature: _____ Witness: _____