



Registration form

Participant

Name : _____ First name : _____

Parents (in case of a minor) : _____

Date of birth (DD/MM/YYYY) : ____ / ____ / _____

Home address : _____

Town : _____

Postal code : _____

Phone (home) : _____ Cellular phone : _____

Phone (work) : _____

Email : _____

Health Insurance card (required) : _____ Exp. : _____

Medical information

The clearer is the information, the better we can help in emergency situation. Thank you

Health problem or disease (allergy, asthma or other) :

Medicine : _____

Emergency

Person to call in case of emergency : _____

Phone (home) : _____ Phone (work) : _____

Signature of the rider or parent : _____

(Authorisation to take action in case of emergency)

Activities (check the ones that applies)

Riding lessons : Showing – Competition : Horse border : Zotherapy :

Summer camp : Week : _____, Deposit : _____



Authorization and right to release

Recognition of Risk, legal consent and Waiver :

A) In the case of an enrolled minor :

As a parent or parental guardian of : _____ (name of the minor)

B) In the case of a parent or an adult :

I, _____ (name of the responsible adult)

- I have been informed and I am aware of the risks and dangers related to equestrian activities
- I acknowledge that equestrian sports and participation in activities at La Montee stables involves risk of serious injury and I am free and unrestricted release the owners, teachers, instructors and volunteers from any responsibility in this regard for any damage, injury and loss resulting there from.
- I believe that myself or the child enrolled (name inscribed on the front, on the Registration form) is physically and emotionally able to participate in these activities and I will follow the regulations and instructions of the stable, teachers and / or its instructors. In the case of a child, I promise to teach him/her the risks and to outline the importance of following regulations and instructions of the team, teachers and / or its instructors. Furthermore, I undertake to immediately remove myself or child under my responsibility" from activities Les Ecuries la Montee and notify staff of the team if I think the conditions, situations or procedures that are potentially dangerous and / or the condition or physical or mental of myself or child under my responsibility deteriorate.
- I am committed and my heirs, executors renounce all claims and do not hold them responsible for anything, Les Ecuries la Montee and/or all persons working for with them (paid or volunteer).

I accept :

I refuse :

Medical:

As parent or guardian, authorize La Ecuries la Montee provide nursing care that might be required, and if management deems it necessary, I also permit, myself or the child under my responsibility to be transported by ambulance to a hospital or community health center.

I accept :

I refuse :

Pictures:

Since Ecuries La Montee or one of the representatives could take pictures or film of some equestrian activities of individuals, I authorize them to use this material for promotional use.

I accept :

I refuse :

Date (DD/MM/YYYY)

Signature of rider or parent or guardian of the minor

P.S. Without the signing of this document and the acceptance of the first 2 sections, Les Ecuries la Montee will not accept any activity involved in the equestrian center.