



RR1, Site 24, Box 2

Grande Prairie, AB T8V 2Z8
Email: info@pards.ca

Ph: 780-538-3211 Fax: 780-538-3683
www.pards.ca

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Dear Rider,

Throughout your 6 week riding session, our goal is to watch you progress, perfect your techniques, and most importantly, have fun! Your lesson will include grooming, tacking and un-tacking your horse. PARDS will provide you with an instructor, a horse and all necessary tack and equipment for the horse.

All riders must be dressed with appropriate attire; closed toed shoes with a small, flat heel, long pants, and an ASTM/SEI certified riding helmet (PARDS supplies helmets and boots if rider does not have them). Please do not wear loose or baggy clothing and please dress appropriately for the weather. Our arena is heated, however, please keep in mind that it is only kept at 5°, and it does get chilly in the winter time!

We strongly advise you to arrive at your lesson 10 minutes before your start time so you have enough time to get dressed and prepared for your lesson. Lessons start promptly and you are required to be ready on time. Failure to be on time for your lesson may result in a missed lesson and a makeup lesson or refund is not possible.

Public lessons are offered in 45 minute group lessons to allow us to accommodate as many riders on our waitlist as possible. Groups will be scheduled according to availability and rider ability. Lessons are available on Saturday's and Sunday's beginning at 9:00am. The last scheduled lesson of the day is at 3:00pm. All riders who are under 18years old require a parent or guardian to stay on property throughout their entire lesson.

Please call the office to confirm your lesson schedule if you have not received the information one week prior to the start of the session.

Please feel free to come and check out our facility and meet with our instructors and ask any questions that you may have. We are so excited to work with you in the following weeks to come!

Sincerely,

Your Instructor
Peace Area Riding for the Disabled Society

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Public Rider Registration Form

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Session(s): 1 2 3 4 5 6

Rider Information

Date: _____

Last Name: _____ First Name: _____ Male Female

Date of Birth: _____ Height: _____ Weight: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Name: _____ Main contact #: _____ Work#: _____
(If the Rider is under 18 years of age) (if we can contact you at work)

Riding Experience

Do you have previous riding experience? Yes No If yes, how much? (years/months/weeks) _____ Where? _____

Preferred Discipline: English Western

Please share your expectations and goals for your riding lessons: _____

Medical Information

Alberta Health Care #: _____

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____
(Other than above)

Medical conditions (e.g.: asthma, allergies): _____
(Separate forms may need to be filled out)

Medications being taken: _____

Photo Release

Please check one: I hereby consent

I hereby do not consent

...to authorize the use and reproduction by PARDS of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the PARDS program.

Medical Release Form

The rider and/or his/her parent(s) and/or guardian(s) hereby acknowledge the risks and hazards inherent in riding and working around animals and agree to assume all responsibility and risk of bodily injury or death or damage to property, and further agree to hold harmless and indemnify PARDS and its owners, employees, volunteers, agents, and representatives from all claims for any bodily injury or death or damage to property arising out of or resulting from the rider's use of PARDS premises or use of horses at or from PARDS, as a rider, groom or spectator or otherwise in any type of PARDS organized sponsored, supported or endorsed activity, whether on PARDS premises or elsewhere. The rider and his/her parent(s) and/or guardian(s) do hereby consent to any medical examination, treatment or medical services that may be rendered to said rider under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. The rider and the undersigned parent(s) and/or guardian(s) agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges incurred. I hereby declare that in making this entry I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding on my executors, heirs and assigns.

Name (please print): _____ Signature: _____ Date: _____
(Parent/Guardian if under 18 years of age)

Witness Name (please print): _____ Witness Signature: _____ Date: _____

Date received by PARDS: _____

Public Rider Questionnaire

(to be filled out by rider)

1. Do you have any previous riding experience? Yes No

2. If yes, how many years experience and where from?

3. Have you ever taken riding lessons before? From who?

4. How would you describe your riding abilities?

5. What are your personal expectations and goals for your riding lessons?

6. Would you prefer to ride English or Western?

7. Do you have anything else you'd like to tell your instructor?

Date received by PARDS: _____