



Public Program Registration Form
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: _____

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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?
