



Partridge Acres

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Partridge 2016 Pony Pals Horsemanship Club Registration Form

A great way to meet new pony-loving friends!

About the Club

A great way to meet new pony-loving friends while gaining in-depth knowledge of the behind the scenes stable management and care of your equine partners! The Club is offered for ages 5-11 y/o and members do not require any previous riding or pony experience. There are 8 meetings per year which include both mounted & un-mounted activities and special activities such as the Easter Egg Hunt, Bonfire Night and Movie Night (mini sleepover) in the hayloft!

Cost

\$140 (plus HST) non refundable annual membership

Registration & Payment Info

Registration & payment is due before or on February 12th at the first meeting.
Riders wishing to join the club after the first meeting may do so at a pro-rated fee.

Tentative 2016 Dates *club meets 6:30-8pm unless otherwise stated.

Friday February 12th - Love of Ponies Day (Mounted)

Monday March 28th - Easter Egg Hunt - Note time: 2pm Start (Un-Mounted) *(please bring a basket or bag to collect Easter eggs- indoors & outdoors so please dress appropriately)*

Friday April 22nd - Junior Vet Day (Un-Mounted)

Friday May 6th - Vaulting Day (Mounted)

Friday June 17th - Pony Wedding & Bonfire Night (Un-Mounted) *(you may bring a folding chair for the bonfire & dress up fancy for the wedding!)*

Friday September 9th - Dress Up Pony Parade (Mounted) *(please dress yourself in costume and you may bring some small decorations to dress up your pony too!)*

Friday October 28th - Hayloft Movie Night (Un-Mounted) *(you may bring a sleeping bag or blanket to stay warm- we will provide lots of popcorn & drinks!)*

Friday November 18th - Mounted Games Night & End of Year Party (Mounted) *(please bring a treat to share with everyone at our end of year potluck)*

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Child's Name: _____ Age: _____

Parents' Names: _____

Address: _____

City: _____ Postal Code: _____

Home Telephone #: _____ Cell #: _____

Email Address: _____

Emergency Contact (Name and Relation): _____

Emergency Contact Telephone #: _____

Are there any allergies, health or medical conditions of which we should be aware?

Please fill out the Waiver and hand in along with registration.

Please provide a pair of hard-soled shoes or boots with a small and definite heel for your child to wear during all riding activities (Mounted Days).

An ASTM safety-approved helmet is available to borrow from Partridge Acres (if your child has their own riding helmet they are encouraged to bring it).

Signature of Parent

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY — “For Participants Not 18 Years Old”

Infant Participant’s Name: _____ Date of Birth: / /
Infant’s Address: _____ City: Prov: Postal Code: _____
Guardian’s Name: _____ Date of Birth: / /
Guardian’s Address: _____ City: Prov.: Postal Code: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

To: **Partridge Acres** their directors, employees, officers,
(Name of Person, Organization or Company providing the Equine Activities)
volunteers, business operators and site proper owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

____1. **I am the Parent and/or legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**

____2. **I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.

____3. **I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Actives, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

____5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.

____6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To waive all Claims that I or the infant Participant might have against the “Host”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representative” might have against he “HOST”.

SIGNED This day of 20

(Print Name of HOST Witness to signing & Initialling)

(Signature of Host Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above