

Risk recognition / Release of responsibility



Date : _____

I, the undersigned, a customer of the Centre d'équitation Nouvelle-France inc., recognize that the riding activities or all other related activities in which I desire to indulge in with the Centre d'équitation Nouvelle-France inc., represent a potential risk and I redeem the Centre d'équitation Nouvelle-France inc. off all responsibilities towards myself and towards any individual I am personally accountable for, of all casualty or injury inflicted to myself or to any individual I am personally accountable for, as I fully accept the risks connected to such a sport.

1-First visit to the Centre d'équitation Nouvelle-France : yes no

2-How many times have you been riding : about _____ times **OR** about _____ year (s)

3- Do you have Riding lessons: yes no If yes, level _____

4- Physical problem / health that can get worse by participating in the activity (back, pregnancy, knee, hip, etc.) :

yes no If yes, Specify : _____

5- Person under my responsibility (15 years old and under) Accuracy: Physical problem or riding experience

Name : _____ age : ____ Specify :

Name : _____ age : ____ Specify :

Name : _____ age : ____ Specify :

Name : _____ Signature : _____