

T.H.R.I.L



Therapeutic Horse Riding In Lindsay

Participant Agreement

Rider: _____ Date of Birth: _____

Please initial beside each item to verify that you have read and agree to abide by each statement.

_____ I will review THRIL/Field of Dreams Farm's Rider Policy Manual prior to my first lesson and agree to abide by the information therein.

_____ I understand that if I bring sibling(s) or other children, I am responsible for them and will not leave them unattended. I will ensure that their presence and activities do not distract or upset the participants or horses in the lessons. I will not allow any individuals, including myself, to approach horses or equipment without THRIL or Farm staff or representatives present.

_____ I understand that it is my responsibility to ensure timely arrival for class and that riders arriving after the start time of their class, for whatever reason, cannot be guaranteed to be mounted, due to the facility's daily schedule. No makeup lessons or refunds will be provided.

_____ I understand that all riders are required to wear long pants and fully enclosed footwear with a small heel, and that I may not be able to ride if I am not dressed appropriately for class.

_____ I understand that the Rider Registration and Liability Release forms must be completed and signed by the rider (or parent/guardian), the photo release is optional. These releases are in _____ effect until explicitly revoked. I understand that the Physician Update form must be fully completed and signed by the rider's physician on regular basis (as indicated by the physician on the form).

_____ I understand that the THRIL/Field of Dreams Farm riding programs are volunteer based and that each rider is asked to be accompanied to the lesson by an individual who is prepared to assist in the lesson should the need arise (please refer to the Safety section of the Rider Policy Manual).

I have read and agree to comply with all requirements outlined by the above Participant Agreement. This agreement shall remain in effect unless expressly revoked by me, at which time I am ineligible to continue with the THRIL/Field of Dreams Farm riding programs.

Signature of Parent/Guardian/Rider

Date

T.H.R.I.L

Visit us at www.thril.ca

Charitable # 76982 4913 RR0001

A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 info@thril.ca