



thank you

2025

Jade Farrington
Licensed EC Coach

Nicole Neddow
H2T Coach

Dear Valued Client

Thank you so much for choosing our services to pursue your equestrian journey!

Please review the following pages and get back to us with any questions. We believe in quality instruction in a fun and safe learning environment! We will work towards your personal goals!

Yours Sincerely,

Jade Farrington & Nicole Neddow

Jade Farrington,
Licensed EC Coach

Nicole Neddow
H2T Coach

1003 Lucas Road, Odessa, ON
jade@hoofnwoof.ca
www.hoofnwoof.ca
613-921-4553



ONTARIO
EQUESTRIAN

WESTERN LESSONS

INFORMATION PACKAGE



CONTACT

613-921-4553



jade@hoofnwoof.ca



www.hoofnwoof.ca



JADE FARRINGTON - LICENSED EC COACH

NICOLE NEDDOW - H2T COACH

1003 Lucas Road,
Odessa, ON

DEAR VALUED CLIENT

Again, thank you for choosing us to help you attain your equestrian goals!

We ask that **all payments be submitted** no later than **end of day**, the **first of the month**. Failing to do so may forfeit your lesson spot.

Payments can be made via Debit or Credit Card through here:

<https://hoofnwoof.ca/western-riding-lessons/>

Or Emailed to: jade@hoofnwoof.ca

IMPORTANT:

All children under the age of majority must be accompanied by an adult. Helmets are mandatory during lessons for anyone 18 & under. **WEIGHT RESTRICTION CURRENTLY IN EFFECT: 200LBS.**

- **Personal Insurance is mandatory subject to a trial period of one month of lessons:**
- **Please register with OE :**

ONTARIO EQUESTRIAN: <https://ontarioequestrian.ca/>

- Boots with a 1/4" heel are required (rubber boots are fine).
- Long pants are required. (Jeans work best!)
- Please arrive on-time for your lesson and wait in a designated area. You may arrive 15 minutes early.
- We operate our lessons out of a non-owned boarding facility, please do not touch or handle any horse that is not part of the lesson program or owned by Jade, Nicole or a staff.
- Do not feed any horse treats, or snacks. Some horses have allergies.

Should you require any assistance prior to the lessons, please reach out. ***Lessons are non-refundable. Canceled lessons require 24-hour notice in order to be transferable. Lessons canceled with notice are transferable within the month they are purchased, if availability allows. Payment for lessons canceled by your coach are carried over to the next month if a transfer date can not be made. Rain days will be utilized for stable management, PowerPoint and unmounted horsemanship lessons - not a cancelation.***

The following pages contain a waiver and a rider medical profile. Please complete and have returned with your first lesson!

With best regards,

Jade Farrington & Nicole Neddow

Jade Farrington,
Licensed EC Coach

Nicole Neddow
H2T Coach
WWW.HOOFNWOOF.CA



CONTACT

613-921-4553



jade@hoofnwoof.ca



www.hoofnwoof.ca



JADE FARRINGTON - LICENSED EC COACH

NICOLE NEDDOW - H2T COACH

1003 Lucas Road, Odessa, ON

AGREEMENT TO PARTICIPATE

Again, thank you for choosing us to help you attain your equestrian goals!

We ask that all payments be submitted no later than end of day, the first of the month. Failing to do so may forfeit your lesson spot. Lessons will be \$50/hour group, \$35/half hour & \$60/hour private with HST. ALL Lessons are subject to HST.

Payments can be made via Debit or Credit Card through our website here:

https://hoofnwoof.ca/western-riding-lessons/

Or Emailed to: jade@hoofnwoof.ca

IMPORTANT:

All children under the age of majority must be accompanied by an adult. Helmets are mandatory during lessons for anyone 18 & under. WEIGHT RESTRICTION CURRENTLY IN EFFECT: 200LBS.

- Personal Insurance is mandatory subject to a trial period of one month of lessons:
Please register with OE or CRHRA

ONTARIO EQUESTRIAN: https://ontarioequestrian.ca/

CANADIAN RECREATIONAL HORSE & RIDER ASSOCIATION: https://crhra.ca/

- Boots with a 1/4" heel are required (rubber boots are fine).
Long pants are required. (Jeans work best!)
Please arrive on-time for your lesson and wait in a designated area.
We operate our lessons out of a non-owned boarding facility, please do not touch or handle any horse that is not part of the lesson program or owned by me or a staff.
Do not feed any horse treats, or snacks. Some horses have allergies.

Should you require any assistance prior to the lessons, please reach out. Lessons are non-refundable. Canceled lessons require 24-hour notice in order to be transferable. Lessons canceled with notice are transferable within the month they are purchased, if availability allows. Payment for lessons canceled by your coach are carried over to the next month if a transfer date can not be made. Rain days will be utilized for stable management, PowerPoint and unmounted horsemanship lessons - not a cancellation. Should you choose not to participate - you forfeit your lesson.

I have read and understand the conditions of this agreement to participate in the Hot 2 Trot lesson programs.

NAME OF PARTICIPANT OR LEGAL GUARDIAN(PRINTED):
SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN:
DATE SIGNED:

Jade Farrington & Nicole Neddow

Jade Farrington, Licensed EC Coach

Nicole Neddow H2T Coach



JADE FARRINGTON / NICOLE NEDDOW WAIVER - OVER THE AGE OF MAJORITY

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the State, County, Province or Territory in which the Equine Activities are Provided by the Host. For participants under 18, a waiver must be completed by the parent or legal guardian.

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of Jade Farrington, directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to Safety Training, Equine First Aid Training, and riding instructions provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

- 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to: (a) the propensity of any equine to behave in ways that may 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; (b) 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; (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assign (collectively my "Legal Representatives") agree: (a) to waive all claims that I have or may have in the future against the "Host"; (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada or State/County in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and the State/County in the United States of America and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada and the State/County in the United States of America in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Print - Participant Name _____ Date of Birth _____

Address _____ City _____ Pr/State _____ PC/Zip _____

Phone # (____) _____ Email: _____

(Signature of Participant) Signed this _____ day of _____, 20____
(Day) (Month) (Year)

Print Name of Witness to Signing and Initialing Signed this _____ day of _____, 20____
(Day) (Month) (Year)

Signature of Witness to Signing and Initialing Signed this _____ day of _____, 20____
(Day) (Month) (Year)



ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Under the Age of Majority in the State, County, Province or Territory in which the Equine Activities are Provided by the Host. WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY! The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities. The following waiver of all claims, release from liability, assumption of risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of Infant Participant named below with and for the benefit of: Jade Farrington, directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
(a) the propensity of any equine to behave in ways that may 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;
(b) 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; and
(c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
(d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease
3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
(a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
(b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
(c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada or the State or County in the United States of America in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada or the State or County in the United States in which the "Equine Activities" are provided by the "Host".
7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Underage Participant, and it is binding on myself, the Underage Participant and our "Legal Representatives".

Print - Participant Name _____ Date of Birth _____
Address _____ City _____ Pr/State _____ PC/Zip _____
Phone # (_____) _____ Email: _____

(Signature of Participant) (Day) (Month) (Year)

Print - Parent/Guardian's Name _____ Date of Birth _____
Address _____ City _____ Pr/State _____ PC/Zip _____
Phone # (_____) _____ Email: _____

Signature of Parent/ Guardian of under age participant (Day) (Month) (Year)

Print Name of Witness to Signing and Initialing (Day) (Month) (Year)



RIDER MEDICAL PROFILE

Contact Information:

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____ Phone #: _____ Cell #: _____
 City: _____ Province: _____ P/C: _____ Email : _____

Emergency Contact Information:

Contact Name: _____ Phone #: _____ Second Phone# : _____ Relationship: _____
 Contact Name: _____ Phone #: _____ Second Phone# : _____ Relationship: _____
 Contact Name: _____ Phone #: _____ Second Phone# : _____ Relationship: _____

Personal Information:

Health Card Number: _____ Name on Health Card: _____
 Height of Participant: _____ Weight of Participant: _____
 Any known allergies? If yes, please elaborate: (Yes/No) _____
 Any permanent or temporary disabilities? If yes, please elaborate: (Yes/No) _____
 Any past known medical conditions? If yes, please elaborate: (Yes/No) _____
 Do you have braces or other dental devices? If yes, please elaborate: (Yes/No) _____
 Do you wear a medical alert bracelet? If yes, please elaborate: (Yes/No) _____
 Last date of tetanus vaccination: _____
 Blood type (if known): _____

Do you have any of the following? Please check all that apply. :

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Swollen/Painful Joints |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Trick or Lock Knee |
| <input type="checkbox"/> Chronic Nosebleeds | <input type="checkbox"/> Headaches | <input type="checkbox"/> Previous Breaks |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Wear Glasses |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hernia | |
| <input type="checkbox"/> Dislocating Joint(s) | <input type="checkbox"/> Skin Condition | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stomach Problems | |

If you checked any of the above boxes, please elaborate and describe any modifications that will contribute to your comfort while riding:

Do you take any medications? (Yes/No) Please list them: _____

Any other additional information: _____

Signatures:

Participant or Legal Guardian:
 Name (Printed): _____ Signature: _____ Date signed: _____

Witness
 Name (Printed): _____ Signature: _____ Date signed: _____

Jade Farrington & Nicole Neddow



HOT 2 TROT WAIVER - OVER THE AGE OF MAJORITY

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the State, County, Province or Territory in which the Equine Activities are Provided by the Host. For participants under 18, a waiver must be completed by the parent or legal guardian.

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: Hot 2 Trot Stables, Megan Desjardins, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

- 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to: (a) the propensity of any equine to behave in ways that may 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; (b) 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; (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assign (collectively my "Legal Representatives") agree: (a) to waive all claims that I have or may have in the future against the "Host"; (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada or State/County in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and the State/County in the United States of America and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada and the State/County in the United States of America in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Please Print Clearly

Print - Participant Name _____ Date of Birth _____

Address _____ City _____ Pr/State _____ PC/Zip _____

Phone # (_____) _____ Email: _____

(Signature of Participant) Signed this _____ day of _____, 20_____
(Day) (Month) (Year)

Print Name of Witness to Signing and Initialing) Signed this _____ day of _____, 20_____
(Day) (Month) (Year)

Signature of Witness to Signing and Initialing) Signed this _____ day of _____, 20_____
(Day) (Month) (Year)



HOT 2 TROT WAIVER - UNDER THE AGE OF MAJORITY

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants **Under the Age of Majority** in the State, County, Province or Territory in which the Equine Activities are Provided by the Host. **WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY! The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities.**

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: Hot 2 Trot Stables, Megan Desjardins, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
- I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - the propensity of any equine to behave in ways that may 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; and
 - the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - the potential of natural or man-made hazards being present that can cause me harm, including communicable disease
- I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada or the State or County in the United States of America in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada or the State or County in the United States in which the "Equine Activities" are provided by the "Host".
- I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Underage Participant, and it is binding on myself, the Underage Participant and our "Legal Representatives".

Print - Participant Name _____ Date of Birth _____
 Address _____ City _____ Pr/State _____ PC/Zipl _____
 Phone # (_____) _____ Email: _____
 _____ Signed this _____ day of _____, 20_____
 (Signature of Participant) (Day) (Month) (Year)

Print - Parent/Guardian's Name _____ Date of Birth _____
 Address _____ City _____ Pr/State _____ PC/Zipl _____
 Phone # (_____) _____ Email: _____
 _____ Signed this _____ day of _____, 20_____
 Signature of Parent/ Guardian of under age participant (Day) (Month) (Year)

_____ Signed this _____ day of _____, 20_____
 Print Name of Witness to Signing and Initialing (Day) (Month) (Year)

Goal SETTING

Always remember to make (S.M.A.R.T.) Specific, Measurable, Attainable, Realistic, and Time-bound goals.

START DATE: ___/___/____ END DATE: ___/___/____

MY GOAL IS ...

MY WHY

TO REMEMBER

ACTION STEPS

- _____
- _____
- _____
- _____
- _____
- _____
- _____

THINGS TO USE

- _____
- _____
- _____
- _____
- _____
- _____
- _____

PROGRESS

- _____
- _____
- _____
- _____
- _____
- _____

GRATEFUL FOR

“ _____ ”

Review Us on Google!



Tell Us How We Did