



Participant Application
Alicorn Farm, Northern Equine Education Centre
Basic Horsemanship
to be completed by the participant or parent/legal guardian

Lesson fees for 2019 are \$40.00 per 1 ½ hr session

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Today's date _____

Participant information

Name: _____ Nickname: _____ Age: _____

DOB: _____ Height _____ Weight _____ Gender M F

Who does the participant live with? (self, parent/guardian, home program provider, ect)

Home address _____ Box Number _____

City: _____ Province _____ Postal code _____

Primary Phone _____ Secondary Phone _____

E-Mail _____

How did you hear about the program? _____

Contact Information

Parent/legal guardian _____

Address (if different from participant) _____

City _____ Province _____ Postal code _____

Primary phone _____ Secondary phone _____

E-Mail _____



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Day program provider (if different from parent/guardian) _____

Primary phone _____ Secondary phone _____

E-Mail _____

In the event of an emergency and the parent/guardian can not be reached please contact

_____ Relationship: _____

Phone _____

Participant employer/school _____

Address _____ City _____

Province _____ Postal code _____

Billing information (if different from parent/Guardian)

Name: _____ Phone _____

Address _____ City _____

Province _____ Postal code _____

E-Mail _____



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Emergency Medical Authorization
Alicorn Farm, Northern Equine Education Centre

Participant/Volunteer Name:

in the event that emergency medical aid/ treatment is required due to illness or injury during participation in Alicorn Farm programs or volunteering services I authorize Alicorn Farm as follows :

Consent:

I authorize medical treatment including x-ray, surgery, hospitalization and any treatment deemed “life saving” by the physician this provision will only be invoked if the person is unable to request medical aid verbally or through direction due to unconsciousness if the individual listed as emergency contact is unable to be reached.

Consent signature_____ **date:**_____

Parent or legal guardian if under 18

Non consent:

I DO NOT grant consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering services or while on the premises of Alicorn Farm . In the event emergency treatment is required, I wish the following procedures to take place:

Non consent signature_____ **date:**_____

Parent or legal guardian if under 18



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**HORSEMANSHIP PARTICIPATION WAIVER
LIABILITY RELEASE**

Parent/Guardian form

Name (Student name) _____ Age _____

School _____ Teacher _____ Grade _____

SAFETY ISSUE ACNOWLEDGEMENT AND COMMITMENT: I understand and recognise that there are certain risks, dangers and perils connected with the use of horses in general as well as in horse back riding in a controlled environment. Under these conditions, I realize Alicorn Farms efforts to thoroughly inform, and continually maintain safety for all concerned. My child or youth in my legal care will faithfully adhere to all safety instructions and recommendations provided by Alicorn Farm whether oral or written while on Alicorn Farm premises.

I am aware that my child or youth being under the age of 18 years old must wear a safety helmet in order to participate in equine related activities. participants who refuse to wear a helmet will not be permitted to ride or work in close proximity with the horses.

I release Alicorn Farm from any legal liability in the event of accidental injury while participating in activities with or around the horses and all other domestic animals in the care of Alicorn Farm.

My child or youth in my legal care will further agree to use and care for any and all farm animals in the care of Alicorn Farm with kindness and to the best of his/her ability while visiting the premises.

Date: _____

Parent or legal guardian signature _____

In consideration of Alicorn Farm, permitting my child or youth in my legal care, to participate in Equine activities, **I FURTHER GIVE MY PERMISSION** while my child or youth is visiting Alicorn Farm, to take and use photographs at their discretion, inasmuch the reproductions are in good taste and respectfully displayed

Date: _____

Parent or legal guardian signature _____

Revised April 15,2017