

Pause Awhile Equestrian Centre  
General Release and Agreement

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In consideration of PAUSE AWHILE EQUESTRIAN CENTRE (herein referred to as the Centre) providing instruction or providing services to or on behalf of:

\_\_\_\_\_ (herein referred to as the Rider),

The Rider agrees to the following terms and conditions:

1. Failure to make payment of monthly tuition fees, boarding, or other charges when due, shall be sufficient grounds for suspension of the Rider and/or termination of this agreement. The Rider and parents or guardian, agree to be jointly and severally liable for all such sums plus like fees and costs incurred in obtaining or collection of arrears.
2. The Rider agrees to abide by all the rules and regulations of the Centre, now in effect of later adopted, and understands that failure to comply with such rules may result in suspension of the Rider and/or termination of this agreement at the sole option of the Centre.
3. The Rider and/or their parent/guardian, hereby agree to assume all responsibility and risk of bodily injury or damage to property; and further agree to hold harmless and indemnify the Centre and its owners and staff from all claims for any bodily injuries to persons, or damage to property arising out of or resulting from the Rider's use of the Centre, or participating as a rider, groom, spectator, or otherwise in horse shows, or any other type of riding event, clinic, or any type of organized, sponsored, supported, or endorsed activity, whether on the premises of the Centre or elsewhere and shall include transportation provided or arranged by the Centre, its owners or staff.
4. The Rider and the undersigned parent/guardian do hereby consent to an X-Ray examination, anaesthetics, medical or surgical diagnostic treatment and hospital services, that may be required by said Rider under general or specific instructions of any physician or hospital while said Rider is engaged or after being engaged in any activity provided for in this agreement by the Centre. It is understood that this consent is given in advance of any specific diagnosis or treatment. The Rider and the undersigned parent/guardian agree to assume responsibility for payment of any fees for doctors, hospital, ambulance, and/or medical charges reasonably and necessarily incurred.

\_\_\_\_\_  
Signature of the RIDER

\_\_\_\_\_  
Signature of PARENT/GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name of PARENT/GUARDIAN

Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Office Tel: \_\_\_\_\_

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Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Has the applicant ridden before: \_\_\_\_\_

How many years?: \_\_\_\_\_ Where?: \_\_\_\_\_

Briefly describe rider's interest and ability: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Has the applicant any medical problems: \_\_\_\_\_

How did you learn about PAUSE AWHILE: \_\_\_\_\_