

**PEACE VALLEY RANCH AND RAWHIDE ADVENTURES  
YOUTH REGISTRATION**

*Please print carefully:*

				<b>Date:</b>							
<b>Program Participant's Information</b>											
<b>Name:</b>											
<b>Address:</b>											
<b>City:</b>					<b>Postal Code:</b>						
<b>Phone Number:</b>											
<b>Date of Birth:</b>											
<b>Weight:</b>				<b>Height:</b>				<b>Age:</b>			
<b>Dietary Considerations (Vegetarian?):</b>											
<b>Riding Information</b>											
<b>Riding Experience:</b>		<b>English:</b>				<b>Western:</b>					
		<b>Greenhorn:</b>								<i>Never been near a horse</i>	
		<b>Beginner:</b>								<i>Ridden Once or Twice</i>	
		<b>Intermediate:</b>								<i>Rides Weekly</i>	
		<b>Advanced:</b>								<i>Rides Daily</i>	
<b>Own Helmet:</b>				<b>Helmet Provided:</b>							
<b>Medical Emergency Information</b>											
<b>Medical Information: (allergies, health issues)</b>											
<b>Physicians's Name:</b>											
<b>Physician's Phone Number:</b>											
<b>OHIP #</b>											
<b>Health Insurance Company:</b>											
<b>HIC Policy #:</b>											

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**Emergency Contact Information**

<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Postal Code:</b>	
<b>Phone Number:</b>	
<b>Alternate Phone Number:</b>	
<b>Email Address:</b>	
<p><b>Authorization for Emergency Medical Treatment</b>                  In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Peace Valley Ranch Limited or Rawhide Adventures Inc. to secure and retain medical treatment and transportation if needed.</p>	
<b>Date</b>	<b>Parent or Guardian's Signature if under 18 years of Age</b>

**Releases**

<p><b>Photo Release</b>                  I <input type="radio"/> DO  <input type="radio"/> DO NOT                  consent to and authorize the use and reproduction by Peace Valley Ranch Limited or Rawhide Adventures Inc. of any photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.</p>	
<b>Date</b>	<b>Parent or Guardian's Signature if participant is under 18 years of Age</b>

<p><b>Waiver and Liability Release</b>                  I have carefully read, clearly understood and voluntarily signed the Rawhide Adventures Inc. Waiver and Liability Agreement attached to this document</p>	
<b>Date</b>	<b>Parent or Guardian's Signature if participant is under 18 years of Age</b>

<p><b>Indemnity Agreement</b>                  I have carefully read, clearly understood and voluntarily signed the Rawhide Adventures Inc. Indemnity Agreement attached to this document</p>	
<b>Date</b>	<b>Parent or Guardian's Signature if participant is under 18 years of Age</b>