

Name:		Age:	
Address:			
Phone #: (H)	(W)	(C)	
Email:			
Riding Experience:			
undersigned, agree	to release Queensw iabilities, or losses a	rt and therefore, I, the cood Stables Inc. and and waive any claim	their staff
Date:	Signature: Parent/Guardian if under 18 years		
Cheques should be made	e payable to Queenswoo	d Stables Inc.	
For more information a	olease call 613-612-1415		