



RANCH DU PARADIS

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Horseback trail ride and supervised farm animal visit

DOCUMENT
RDP-RISKS-EN

VERSION
1.4

EFFECTIVE
September 13, 2026

1829 Chemin Morrisson, Saint-Lin-Laurentides, QC J5M 1W7
Sébastien Lefort · 450 275-2162 | Joannie Lemay · 438 527-3536

A PARTICIPANT IDENTIFICATION

Full name	Age	Phone
Minor participant?	If minor - parent/guardian name	Parent/guardian phone
☐ No ☐ Yes		
Emergency contact - name & relationship	Emergency phone	

The information requested is limited to what is useful for administering the activity and supporting safety. A separate form is completed for each participant.

B ACTIVITY DETAILS

Activity date	Departure time	Lead guide	Group no.
Ride	Child supervision guide (if applicable)		
☐ 1 h ☐ 2 h ☐ 3 h ☐ Moonlight 3 h			
Declared riding level	Assigned horse	Replacement horse	
☐ Beginner ☐ Some experience ☐ Experienced			
Ages 6-9 supervision (if applicable)	Arrival		
☐ Suitably sized horse ☐ Lead line	15-20 min before departure		

C PRE-RIDE CHECKS

- ☐ I am at least 6 years old and the information above is accurate.
- ☐ I understand that a helmet is mandatory for anyone under 18 and for every beginner rider, regardless of age.
- ☐ I am wearing closed-toe footwear suitable for riding and appropriate clothing; long pants are strongly recommended.
- ☐ I have disclosed any relevant condition or limitation that could affect my safety, the group's safety or the horse's well-being, without providing more information than necessary.
- ☐ I confirm that I am not under the influence of alcohol, cannabis, drugs or medication that could impair my ability to participate safely.
- ☐ I understand that the guide determines the pace and gait of the ride at all times, and I will not trot or gallop my horse without the guide's authorization.

D FARM ANIMALS INCLUDED WITH THE RIDE

The farm animal visit is included with every trail ride. Animals may be approached and touched only when a team member is present and according to their instructions. Guests must never feed the animals.

IMPORTANT - Read the entire back page before signing. The signature section is on the back.

Participant initials:

Participant: _____

Date: _____

Horse: _____

RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

1. Nature of the activity and horse behaviour

Initials _____

I acknowledge that horseback riding, handling horses and being around equines involve inherent risks. A horse is a powerful and unpredictable animal that may move suddenly, spook, kick, bite, step on a foot, rear, bolt or collide. These situations can result in serious injury, permanent disability or, in rare cases, death.

2. Trail, environment and equipment risks

Initials _____

I understand that risks may arise from falling while mounting, dismounting or riding; uneven terrain, rocks, holes, mud, slopes, water, ice or slippery surfaces; branches, fences, vehicles, animals or other obstacles; weather and visibility; and movement, breakage or improper fit of equipment despite reasonable checks. Emergency services may be more difficult or slower to reach on the trail. This list is not exhaustive.

3. Children ages 6 to 9

Initials _____

For a participant ages 6 to 9, I understand that a suitably sized horse is assigned and an additional guide provides close supervision by keeping the child's horse on a lead line throughout the ride. If more than one child ages 6 to 9 is part of the same departure, participation is confirmed only when the required supervision can be assigned to each child. The ranch may modify or end participation if that supervision cannot be maintained safely.

4. Farm animals and other animals

Initials _____

I acknowledge that farm animals may also react unpredictably. Risks can include bites, scratches, kicks, pinches, contact with feathers or hair, allergic reactions, and falls or slips near enclosures. I will touch animals only with permission and while a team member is present, and I will never feed them.

5. Following instructions and ranch authority

Initials _____

I agree to follow safety instructions, the guide's directions and all rules concerning horses, animals, trails and equipment. I understand that Ranch du Paradis may refuse, modify, interrupt or end my participation whenever it believes my behaviour, condition, the environment, equipment or any other circumstance presents a risk to a person or animal.

6. Gaits, helmet and protective equipment

Initials _____

Walking is the primary gait. Trotting and galloping are permitted only when authorized by the guide; they are never guaranteed and I will not initiate them without authorization. A helmet is mandatory for anyone under 18 and for every beginner rider. For experienced riders 18 or older, a helmet remains strongly recommended and the ranch may require one when circumstances warrant.

7. Fitness to participate and substances

Initials _____

I confirm that I am able to participate and have told the person in charge about any relevant condition or limitation that requires an accommodation or could affect safety. I confirm that I am not participating under the influence of any substance that could impair my judgement, balance, coordination or ability to follow instructions.

8. Emergency services

Initials _____

If an incident or urgent situation occurs, I authorize Ranch du Paradis to contact emergency services and the emergency contact identified on the front of this form. I understand that the ranch cannot guarantee response times for outside emergency services.

OPTION - EXPERIENCED ADULT RIDER AGE 18 OR OLDER ONLY. I choose not to wear a helmet despite the recommendation made to me. Initials: _____

Scope of this document. This acknowledgement is intended to confirm that the risks have been explained and understood and to record my consent to participate. It does not exclude any right or responsibility that cannot legally be excluded or limited.

I confirm that I have read the FRONT and BACK, understand the nature of the activity and its risks, had the opportunity to ask questions, and freely consent to participate while following Ranch du Paradis rules and directions.

Participant name (print) _____

Date and time _____

Participant signature _____

If minor - young participant signature, if appropriate _____

If minor - parent/guardian name _____

Relationship to minor _____

Parent/guardian signature _____

Ranch representative - name / initials _____

Privacy: the information collected is used only to administer the activity, support safety and manage an incident if one occurs. For questions about your personal information, contact Ranch du Paradis: Sébastien Lefort 450 275-2162 · Joannie Lemay 438 527-3536.