Chancel Stables

5400 Cascade Palmetto Highway → Fairburn, GA 30213

(808) 280-2300 **≯** Learning@chancelstable.com

LESSON PARTICIPANT REGISTRATION

LAST	FIRST		
ADDRESS			
CITY	STAT	E	ZIP
PHONE NUMBER ()		
CHILD'S AGE (If applica	able) Please ente	er "Adul	t" if not a child
WAIVER OF TRAINER I	LIABILITY		
activity, an injury might occupermission to the attending to pay for such treatment. I from any and all liability relengaging in this activity, and harmless from any claim, co	vinvolves risk of injury and that bur. In the event of an injury to my physician to render any treatme agree to release Chancel Stables atted to any injury I have sustained to hold Chancel Stables and any ost, or expense related to any injuris activity. I acknowledge that I have intarily.	yself or the do and any ed or ma y of Chan	to a family member, I give eems necessary and agree of Chancel Stables Staff ay later sustain while ncel Stables Staff oe sustained or may later
SIGNED		D	OATE