

Full Immersion Clinic Registration

Alternative Horsemanship with Samantha Harvey
Full Immersion Clinic Participant Registration**Participant Information**

Location of clinic you will be participating in _____Month_____ Day _____ 20____

First Name MI Last

Street Address Apt#

City /State /Zip

Cell Phone Home/Office Phone

Email Address

Birth Date (If Minor)

Riding Experience (years)

Emergency Contact

Relationship

Phone

Rider Medical

Medical Conditions:_____

(Anything you currently or in the past five years have suffered from.)

Allergies:_____

Physical Limitations:_____

Recent horse related accidents?_____

Horse Information (Please print and complete for each horse.)

Horse Name:_____

Age:_____ Breed:_____ Sex:_____

Horse Owner's Name:_____

Owner's Address:_____

Owner's Phone:_____ Email:_____

Used for what discipline:_____

Experience level:_____

Vices:_____

Veterinarian:_____ (Name) _____ (Phone)

Full Immersion Clinic Registration

Any recent injuries or health concerns? _____

Immunizations- _____

(What)

(Date)

Worming- _____

Last Trim/Shod _____

(What)

(Date)

How long you have had your horse, current groundwork/ riding schedule, any issues or concerns, and any goals:

Additional Information:

RELEASE OF LIABILITY OWNER/RIDER

WITNESS THIS AGREEMENT this _____ day of _____, 20__, by and between Samantha Harvey, hereinafter referred to as Clinician and _____, hereinafter referred to as RIDER. For consideration received, and in return for the use, today and on all future dates of the property, facilities and services of Clinician, Rider, Rider's heirs, assigns, and representatives, hereby agree as follows:

1. Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Rider acknowledges that horses, by their very nature are unpredictable and subject to animal whim. Rider assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising there from. Rider agrees to abide by and follow Clinician's rules and regulations, which, shall be posted and/or available from time to time. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Rider. Rider assumes all risks therefore and warrants a full and fair disclosure of Rider's abilities has been made to Clinician.

Rider expressly releases Clinician from any and all claims for personal injury or property damage, even if caused by negligence (if allowed by the laws of this State) by Clinician or its representatives, agents or employees.

2. Rider agrees to hold harmless, indemnify and defend Clinician against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Rider's use of or presence upon the property of Clinician and the facilities located thereon.

3. In the event Rider is using Rider's own horse, or a horse(s) not owned by Clinician, Rider warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Clinician reserves the right to

Full Immersion Clinic Registration

refuse access or use of any horse upon the premises that does not appear to Clinician to be in good health, or is deemed dangerous or undesirable.

4. Any action brought under this agreement shall be brought within one (1) month of the incident or accident-giving rise to said claim. Rider agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$1,000 for damages such as pain and suffering.

5. Rider agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

_____/_____/_____ Clinician Signature	_____/_____/_____ Date	_____/_____/_____ Participant Signature	_____/_____/_____ Date
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Full Immersion Clinic Participant Fees

Please make checks payable to "The Equestrian Center."

Total 3 day Clinic Fee \$750

A \$325 **NON REFUNDANBLE** Deposit is required to guarantee your spot.

Check # _____ Amount \$ _____ Date Paid _____

Please print, complete form, and mail with payment to:

The Equestrian Center LLC
55 Trotter Lane
Sandpoint, ID 83864

Once your clinic deposit has been received, you will get an emailed confirmation. All participants need to be paid in full one month BEFORE the start of the clinic.

If you have any questions, scheduling@learnhorses.com or 208-265-2644 pdt