

# RIDER/AUDITOR REGISTRATION FORM

PLEASE COMPLETE ALL PAGES

INTRO TO WORKING EQUITATION CLINIC

WITH DAVID PALACIO & DEBBIE HATTEN

APRIL 2 & 3, 2016

CHICOPEE WOODS AGRICULTURAL CENTER 1855 CALVARY CHURCH RD. GAINESVILLE, GA. 30501

CONTACT MISTY SIMMONS TO RESERVE CLINIC SPACE: (470)428-1583 OR

[SIMMONSMUSICSTUDIO@YAHOO.COM](mailto:SIMMONSMUSICSTUDIO@YAHOO.COM). SPACE IS LIMITED, SO PLEASE DO NOT DELAY IN SENDING IN YOUR APPLICATION AND DEPOSIT. IF THE CLINIC SPOTS ARE FILLED, YOU WILL BE NOTIFIED AND OFFERED AN AUDITOR SPOT.

FEE IS FOR 2 DAY CLINIC. IF RIDING A DIFFERENT HORSE ON THE SECOND DAY, PLEASE ATTACH AN ADDITIONAL FORM WITH INFORMATION ABOUT THE SECOND HORSE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Rider's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ (Required if a minor)

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

List important medical information in case of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE RIDER, WAIVER AND PAYMENT PAGES

**IF YOU ARE A RIDER IN THE CLINIC, PLEASE FILL OUT THE SECTION BELOW**

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Level of Training: \_\_\_\_\_

Was training performed by a professional? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of riding do you do with your horse?

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Does your horse have any experience with Obstacle Training?

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Is there anything else that you would like to tell the clinicians about you or your horse? \_\_\_\_\_

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Rate Your Riding Ability.

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

**PLEASE COMPLETE WAIVER AND PAYMENT PAGES**

# WAIVER

**Please read the following and initial in the blanks to indicate that you have read and understand these requirements.**

\_\_\_\_\_ I understand that **my space in the clinic is officially reserved when a minimum deposit of \$100 is received (non-refundable unless due to illness or veterinary excuse)**, and, I agree to make final **payment in full upon arrival at the clinic on Friday evening, April 1, 2016.**

\_\_\_\_\_ \*Out of state horses must have current traveling papers (Coggins test, brand inspection and health papers, etc.)

\_\_\_\_\_ \*I understand that I am not to be under the influence of alcohol or drugs while participating in this clinic

\_\_\_\_\_ \*Any obnoxious, unsafe or disrespectful behavior will be cause for my dismissal from the clinic without a refund if it occurs at any time during the clinic.

\_\_\_\_\_ \* I understand **CHILDREN MUST BE SUPERVISED AT ALL TIMES.**

### *Equine Activities Immunity Act*

**WARNING:** Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

### *Release, Assumption of Risk, Waiver & Indemnification*

I AGREE in consideration for my participation in this clinic and fun show to the following: I AGREE that I choose to participate voluntarily in the clinic and fun show with my horse as a rider, driver, handler, lessee, owner, agent, trainer or as parent or guardian of a minor participant. I am fully aware and acknowledge that horse activities involve inherent dangerous risks of accident, loss and serious bodily injury, including but not limited to broken bones, head injuries, trauma, pain, suffering or death ("harm"). I AGREE to release the PFHA, the GPFHA, the clinicians, organizers, officials, employees, volunteers, agents, personnel, officers, directors and affiliated organizations from all claims for money damages or otherwise for any HARM to me or my horse and for any HARM caused by me or my horse to others, even if the HARM resulted, directly or indirectly, from the negligence of the above mentioned individuals or organizations. I AGREE to expressly assume all risks of HARM to me or my horse, including HARM resulting from the above mentioned individuals or organization. I AGREE to indemnify (that is to pay any losses damages or costs incurred by) the above mentioned individuals and organizations and to hold them harmless with respect to claims for HARM to me or my horse and for claims made by others for any HARM caused by me or my horse at the clinic and fun show. I UNDERSTAND that the benefit of wearing protective equipment, such as riding helmets, and understand that I am encouraged but not required to do so. If I am a parent or legal guardian of a minor participant, I consent to the child's participation and **I will require my child under the age of 12 to wear a helmet at all times when on a horse** and AGREE to all of the above provisions. I AGREE to assume all of the obligations of the release on the child's behalf. By signing below, I further AGREE to be bound by all terms and provisions on this registrations form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

If participant is a minor (under 18), signature of parent or legal guardian is required.

Parent or guardian: Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE COMPLETE THE PAYMENT PAGE**

# PAYMENT

Please fill out a separate form for each rider/auditor. Fee is for one spot in the clinic (ex. 1 rider, 1 horse, or 1 rider different horse on day one and day two)

ITEM	ITEM COST	TOTAL
2-day Clinic	\$200	
Audit 2-day Clinic	\$30	
Camper/RV NO Hook-up	\$15/Day- (\$30 for 2 days)	
Camper/RV Hook-up (no dump)	\$27/day- (\$54 for 2 days)	
Stalls (plus 1 bag shavings)	\$50 for 2 nights	
extra shavings	\$7.50/bale	
Lunch on Saturday (includes sandwich, chips, drink and dessert)	\$10	
	TOTAL DUE	
	Minimum \$100 deposit due to hold rider spot in clinic	
Date received	BALANCE DUE	
postmark or date of hand delivery:		
Date final payment received:	<b>FINAL FULL PAYMENT DUE UPON ARRIVAL AT THE CLINIC</b>	

Please make checks out to GPFHA  
Contact Misty Simmons to reserve clinic space, RV spots, stalls or pens  
(470)428-1583

Mail all completed forms to:  
Misty Simmons  
104 Mill Pond Ct.  
Acworth, Ga. 30101