

RIDER/AUDITOR REGISTRATION FORM

PLEASE COMPLETE ALL PAGES

INTRODUCTION TO WORKING EQUITATION CLINIC

WITH DAVID PALACIO & DEBBIE HATTAN

OCTOBER 27-29, 2017

At Brandreth Farms, 470 Brandreth Farm Drive, Talking Rock Ga 30175

CONTACT Lu Ann Lackey TO RESERVE CLINIC SPACE: 706-273-9613 OR llackey@ellijay.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 Oct. 28-29, 2017. PRIVATE 45 minute sessions with David or Debbie on Friday, the 27th must be reserved and require an additional fee. (see payment page).

PLEASE PRINT

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 REQUIRED 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?

Does your horse have any experience with Obstacle Training?

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

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 or before Friday evening, October 27, 2017.

*ALL horses must have current negative Coggins papers. Out of State horses must have required traveling papers (negative 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 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

I 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 below:

Parent or guardian: Signature _____ Date _____

Print Name _____

PAYMENT

Please fill out a separate form for each rider/auditor

ITEM	ITEM COST	TOTAL
2-day clinic (Oct 28-29)	GPFHA member \$200 NON-member \$225	
45 min. Private Session with David or Debbie on Fri., Oct 27 th – *time must be scheduled by contacting Lu Ann Lackey (see contact info)	\$55	
Auditor Oct 28	\$25	
Auditor Oct 29	\$25	
Camper/RV space w/water, electric, sewer	\$30/night (\$60 for 2 nights)	
Stall (required) with bedding	\$50 for 2 nights (Friday and Saturday)	
Lunch Saturday	\$10	
Lunch Sunday	\$10	
	TOTAL DUE	
<u>Required Deposit</u> to hold rider spot in clinic	Minimum \$100	
Date Received	BALANCE DUE	
Postmark or date of hand delivery:		
Date Final Payment Received:	FINAL FULL PAYMENT DUE UPON ARRIVAL AT THE CLINIC	

Please make checks payable to: GPFHA
For questions or more information contact:
Lu Ann Lackey 706-273-9613 llackey@ellijay.com

Mail all completed forms and payment to
Lu Ann Lackey
PO Box 1682
Ellijay, GA 30540