



# Paso Fino Horse Association, Incorporated

## TRAIL HORSE TEST ENTRY FORM

### TRAIL HORSE TEST INFORMATION:

Test Date(s): Oct 6-7, 2018 Hosting Region or Farm: Georgia PFHA  
Venue: Brandreth Farms  
Address of Venue: GPS Address: 640 Hamrick Rd.  
City: Talking Rock State: GA Country: USA Zip: 30175

### TEST ORGANIZER:

Name: LuAnn Lackey  
Address: PO Box 1682  
City: Ellijay State: GA Country: USA Zip: 30540  
Phone: 706-273-9613 Email: llackey@ellijay.com

### TRAIL HORSE TEST RIDER:

Name: \_\_\_\_\_ PFHA Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Rider's Age (Required if 18 or younger): \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_  
Emergency Contact (Name & Phone): \_\_\_\_\_  
List important medical information in case of emergency: \_\_\_\_\_

### Test Rider's Signature:

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

### HORSE BEING TESTED:

Horse's Name: \_\_\_\_\_ Barn Name: \_\_\_\_\_  
Horse's Breed: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
Horse's Sex: MARE  GELDING  STALLION  Horse's Age: \_\_\_\_\_  
Level being Tested: JUNIOR  SENIOR  MASTER  NUMBER ASSIGNED: \_\_\_\_\_  
You may test at both the Junior and Senior level simultaneously. Number is assigned by test organizer.

### IMPORTANT NOTES:

- Participant shall complete the THI Entry Form and sign a waiver of liability acknowledging their assumption of risk of horseback riding in a Trail Horse Test.
- The program is open to all breeds. Only registered Paso Fino horses will have their awarded levels recorded in the PFHA registry.
- A horse must be owned by the exhibitor. Trainers or other exhibitors may not perform the tests for said owner. If a horse is registered in the name of a legal entity, such horse must be shown in the name of that entity by one of the owners of such entity.
- A horse must be 3 years of age or older on the first day of the test.
- Stallions are permitted with the following conditions:
  - Rider of the stallion must be 18 years or older.
  - Stallions must be identified with a yellow ribbon secured to its tail.
  - Stallions must behave and not show unruly manners.
- A rider must be 9 years of age or older on the first day of the test.
- Riders under the age of 15 must be accompanied by an adult.
- Minors, riders under the age of 18, shall wear a properly fitted SB/ASTM approved riding helmet.
- Tack may be of any kind that is well fitting, well maintained and not abusive to the horse.
- The rider must declare the level at which the horse is being tested. The rider may declare the horse to be tested at both the Junior and Senior level simultaneously. The rider must pay the fee for both levels. The judge may award both levels or only the Junior level.
- The entry fee will not be refunded if the horse does not pass a level.
- The horse must have been awarded a Junior and a Senior level before it may test at the Master level. The horse must receive a passing score from two different judges to be awarded a Master level title.

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 5, 2018.**

\_\_\_\_ \***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 6-7) Per 1 horse and rider  Clinic cost includes <b>REQUIRED</b> 1 stall with bedding for 2 nights (Fri and Sat nights)	GPFHA member \$220 NON-member \$250	
Auditor Oct 6	\$25	
Auditor Oct 7	\$25	
OR Auditor Both Days	\$40	
Camper/RV space w/water, electric, sewer	\$30/night (\$60 for 2 nights)	
Lunch Saturday	\$10	
Lunch Sunday	\$10	
	<b>TOTAL DUE</b>	
<b><u>Required Deposit</u></b> to hold rider spot in clinic	Minimum \$100	
Date Received	<b>BALANCE DUE</b>	
Postmark or date of hand delivery:		
Date Final Payment Received:	<b>FINAL FULL PAYMENT DUE UPON ARRIVAL AT THE CLINIC</b>	

**Please make checks payable to: GPFHA**

For questions or more information contact:

Lu Ann Lackey 706-273-9613 [llackey@ellijay.com](mailto:llackey@ellijay.com)

**Mail all completed forms and payment to:**

Lu Ann Lackey  
PO Box 1682, Ellijay, GA 30540