

# RIDER/AUDITOR REGISTRATION FORM

PLEASE COMPLETE ALL PAGES

ACHIEVE TRUE UNITY WITH YOUR HORSE  
WITH CLINICIAN, *VICKIE MCQUINN*

OCTOBER 26-27, 2019

At Brandreth Farms, GPS Address: 640 Hamrick Rd., Talking Rock Ga 30175

**CONTACT** LU ANN LACKEY FOR INFORMATION OR TO RESERVE CLINIC SPACE: 706-273-9613 OR [llackey@ellijay.com](mailto: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 MAY BE PUT ON A STANDBY LIST OR OFFERED AN AUDITOR SPOT.

FEE IS FOR 2 DAY CLINIC OCT. 26-27, 2019, WITH ARRIVAL ON OCT 25<sup>TH</sup>. SEE PAYMENT PAGE FOLLOWING

**PLEASE PRINT**

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

If Riding in Clinic, Horse's Name/Age/Sex \_\_\_\_\_

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

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

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

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

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

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

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

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

List important medical information in case of emergency:

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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 25, 2019.**

\_\_\_\_\_ \***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 (Sat-Sun, Oct 26-27, 2019) Per 1 horse and rider  Clinic cost includes <b>REQUIRED</b> 1 stall with bedding for 2 nights (Fri Oct. 25 and Sat Oct. 26 nights)	GPFHA member \$260 NON-member \$285	
Auditor Sat. Oct 26	\$30	
Auditor Sun. Oct 27	\$30	
OR Auditor Both Days	\$50	
Camper/RV space w/water, electric, sewer	\$30/night (\$60 for 2 nights)	
Lunch Saturday	\$12	
Lunch Sunday	\$12	
	<b>TOTAL DUE</b>	
<b><u>Required Deposit</u></b> to hold rider spot in clinic	Minimum \$100	
Date Received Postmark or date of hand delivery:	<b>BALANCE DUE</b>	
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