



2009 Fall Freestyle Clinic Registration Form

Dates: Oct 10th-11th at Pacific Moon, Arlington

Print Form

Please complete all information. Your signature and emergency contact information is required to complete your registration. Further details about this event can be found at: www.equestriansinstitute.org

Name _____ Phone #: _____ Alternate Phone #: _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____ E.I. Member # _____ Ride Time Desired _____

Horse's Name _____ Sex _____ Stabling Needed? _____ Level of Riding: _____

Musical Preference(s) _____

Is Rider an adult? _____ Note: if Rider is not an adult, a parent or guardian must sign this registration/ release form. Fee Enclosed _____

Please mail your completed registration form and check (payable to Equestrians Institute) to clinic organizer:
Karen Moore at 14432 Jim Creek Road, Arlington WA 98223-6851
For more information contact Karen at: kapacific@gmail.com or call 360-403-3035

1. Registrations will be processed on a first come first served basis until clinic fills. No telephone entries.

2. All riders must wear ASTM/SEI Certified headgear while mounted, no exceptions.

3. Limited stabling may be available, please inquire for further details and costs.

Release, Assumption of Risk, Waiver, and Indemnification

This document waives important legal rights. Read it carefully before signing.

I AGREE in consideration for my participation in this Freestyle Clinic to the following:

I AGREE that I choose to participate voluntarily in the clinic with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior participant. I am fully aware and acknowledge that horse sports and the Clinic involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release Equestrians' Institute, Bear Creek Farm, Pacific Moon Equestrian Center and the Clinic organizers and volunteers 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 Clinic organizer, participants or volunteers.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Equestrians' Institute or its assignees before, during or after my participation in this Clinic.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Equestrians' Institute 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. I understand that I am required to wear protective equipment (helmet) at all times while mounted, and I acknowledge no protective equipment can not guard against all injuries.

If I am a parent or guardian of a junior participant, I consent to the child's participation and agree to assume all of the obligations of this Release on the child's behalf.

I represent that I have the requisite training, coaching, and abilities to safely participate in this clinic.

I AGREE that the 'Clinic' as used above includes all of the officials, officers, directors, employees, agents, independent contractors of Equestrians' Institute, facility personnel, volunteers and affiliated organizations.

I certify that I have read and understand all the rules of this Clinic. The laws of the state of Washington govern the construction or application of said rules.

BY SIGNING BELOW, I AGREE to be bound by all terms and provisions of this clinic entry registration.

Signature _____ Print Name _____ Date _____

Parent/Guardian (mandatory signature if rider is under age 18)

Signature _____ Print Name _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Emergency Contact's Relationship to Rider: _____