

October 2017 April Smith Gaited Clinic Registration Form

Saturday October 14th & Sunday October 15th

(Rain date: Saturday October 21st & Sunday October 22nd)

*This completed, signed form, along with full clinic fee, a signed Release Of Liability Equine Participant form, current vaccinations and a copy of a current negative Coggins are required by **one week prior to clinic date** to guarantee your spot in the clinic. This Agreement must include a parent or legal guardian signature if the equine participant is under 18 years of age.*

Participant Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Emergency Contact: _____ Phone: _____

Name of Horse: _____ Gender: _____ Breed: _____ Age: _____

Type of tack used: _____

Skill level/background info on horse & rider: _____

Problem areas/goals/what you would like to address at this clinic: _____

☐ Private hour sessions @ \$65.00 each

Please indicate your time and day preferences from these available times:

Saturday: 8:00, 9:00, 10:00 or 11:00 AM; 1:00, 2:00, 3:00, 4:00, 5:00 or 7:00 PM;

Sunday: 8:00, 9:00, 10:00 or 11:00 AM, 12:00 or 1:00 PM

1st choice _____ Sat/Sun; 2nd choice _____ Sat/Sun; 3rd choice _____ Sat/Sun

Additional session preference:

1st choice _____ Sat/Sun; 2nd choice _____ Sat/Sun; 3rd choice _____ Sat/Sun

Sessions are filled by the order in which registrations/payment is received. Participants will be notified via e-mail their session times by one week prior to clinic dates.

☐ Auditor/Clinic Spectator: \$10.00/day

☐ Stalls: \$20/day; bedding, hay and water provided (call/email for availability)

\$ _____ Total due by **October 7, 2017**

Payment made by ☐ check payable to **Mingo Stables** -or- ☐ PayPal mingostables@verizon.net (payments made by PayPal include a surcharge, prices adjusted as follows: \$67.00/hour session; \$11.00/Auditor; \$21.00/Stall)

Participant Signature

Barbara Flynn Owner/Manager
1016 2nd Ave
Royersford, PA 19468

Parent/Guardian Signature if Minor Participant

610-792-0250

mingostables@verizon.net
www.mingostables.com

RELEASE OF LIABILITY EQUINE PARTICIPANT

This Agreement must include a parent or legal guardian signature if the equine participant is under 18 years of age.

WITNESS THIS AGREEMENT this ____ day of _____, 2017, by and between Mingo Stables, hereinafter

referred to as Stable and _____, hereinafter referred to as PARTICIPANT.

For consideration received, and in return for the use, today and on all future dates of the property, facilities and services of Stable, Participant, Participant's heirs, assigns, and representatives, hereby agree as follows:

1. **Inherent Risks and Assumption of Risk.** The undersigned acknowledges there are inherent risks associated with equine activities such as described below and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Participant acknowledges that horses, by their very nature are unpredictable and subject to animal whim. Participant assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefrom. Participant agrees to abide by and follow Stable's rules and regulations, which shall be posted and/or available from time to time. Participant further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Participant. Participant assumes all risks therefore and warrants a full and fair disclosure of Participant's abilities has been made to Stable.

2. Participant agrees to hold harmless, indemnify and defend Stable against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Participant's use of or presence upon the property of Stable and the facilities located thereon.

3. In the event Participant is using Participant's own horse, or a horse(s) not owned by Stable, Participant warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Stable reserves the right to refuse access or use of any horse upon the premises that does not appear to Stable to be in good health, or is deemed dangerous or undesirable.

4. Any action brought under this agreement shall be brought within one (1) year of the incident or accident giving rise to said claim. Participant agrees that damages shall be limited to \$250 for property damage, actual expenses incurred, and a maximum of \$10,000 for damages such as pain and suffering.

5. Participant agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

Participant Signature

Parent/Guardian Printed Name if Minor Participant

Parent/Guardian Signature if Minor Participant