

# Clinic registration form:

Only one horse/rider combination per entry form.

HORSE: \_\_\_\_\_

RIDER: \_\_\_\_\_

CLINIC REGISTERING FOR: \_\_\_\_\_

DATE: \_\_\_\_\_

Clinic session	Description		Cost
Office use:		Cross tie fee: (\$15)	
		Stall fee:(\$25)	
		Total	
		Payment:	CH#

**WRISKY RANCH Release, Assumption of Risk, Waiver, & Indemnification.**

I AGREE in consideration for my participation in the WRISKY RANCH (WR) clinic to the following:

I AGREE that I choose to participate voluntarily in the WR Schooling Show or clinic with my horse, as a rider, owner, lessee, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the WR Schooling show or clinic involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death (“Harm”).

(Over) ----->

I AGREE to RELEASE WR 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 in the Harm resulted, directly or indirectly, from the negligence of WR , OR ROCHELLE WRISKY.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of WR.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) WR 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 WR Schooling Show or clinic.

If I am a parent of guardian of a junior exhibitor, I consent to the child's participation and AGREE to all of the above provisions and Agree to assume all of the obligations of this release on the child's behalf.

I AGREE that "Wrisky Ranch" and "Rochelle and Luke Wrisky" as used above includes all of their officials, employees, personnel, and volunteers.

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

BY SIGNING BELOW, I AGREE TO ALL OF THE ABOVE.

RIDER OR PARENT/  
GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_  
(if rider under 18 years of age)

HORSEOWNER:  
\_\_\_\_\_ Date: \_\_\_\_\_  
(if different from rider)

RIDER  
NAME \_\_\_\_\_

—  
(please print)  
STREET ADDRESS \_\_\_\_\_ CITY, \_\_\_\_\_ STATE,  
\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_