

Sat & Sun, Dec 29-30, 2018

Registration for Sport Horse Functional Conformation Clinic

HORSE INFO (FOR THOSE BRINGING THEIR HORSE FOR EITHER DAY 1 IN HAND OR DAY 2 UNDER SADDLE. PRE-APPROVAL OF YOUR HORSE IS REQUIRED: EMAIL EDITOR@WARMBLOODSTODAY.COM TO CONFIRM AHEAD OF TIME.)

Horse name: _____

Sex: _____ Age: _____ Height: _____

Color: _____

Breed: _____

Discipline(s): _____

Horses may be brought in as early as 8:00 am Saturday morning and need to be stalled. Stall fees for just one day are \$25. For both days, Sat and Sun, the fee is \$45.

I plan to arrive Sat with my horse and leave Sat evening. (\$25)

I plan to arrive Sat with my horse and leave Sun evening. (\$45)

I plan to arrive Sun with my horse (\$25).

Please bring your own shavings – there are minimal shavings in the stalls.

You must include a copy of your horse's Coggins within one year and sign the liability release document.

Terms & Conditions: This registration and pre-payment confirm your reservation to the clinic. We accept cancellations which will be refunded less \$20 admin. fee up until December 20, 2018. No refunds after December 20.

AUDITOR / RIDER INFO:

First & Last Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Cell Phone: _____

Email: _____

BILLING ADDRESS IF DIFFERENT THAN ABOVE:

Contact Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Check which level of participation: Audit both days - \$120

(Lunch included both days)

Audit Sat only - \$80

Audit Sat & ride my horse Sun - \$225

Plus stall fee 2 day-\$45 or 1 day-\$25

Charge my Credit Card

I am mailing a check for payment.*

Credit Card # _____ Exp: _____

MC VISA AMEX DISC Security Code: _____

SIGNATURE: _____

Auditor/Rider: _____

Date: _____

Please sign and email this form and the attached "Release of Liability and Agreement" (horse owners also include Coggins) to: editor@warmbloodstoday.com OR fax it to secure fax 866-340-7456 OR snail mail* forms & payment to Warmbloods Today, 54410 Buckhorn Rd., Astor, FL 32102.

Cell is 352-653-5597. Event location: Canterbury Showplace, Newberry, FL

RELEASE OF LIABILITY AND AGREEMENT

I HEREBY AGREE to release, indemnify and hold harmless *Warmbloods Today* magazine, its instructor and clinician Judy Wardrope, its officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this conformation clinic or its related activities. I also hereby agree to release, indemnify and hold harmless the venue Canterbury Showplace, including its management and staff, against any and all loss, liability or damage arising from or because of, or in connection with, participation in this event or related activities.

I AGREE to wear a proper riding helmet whenever mounted on a horse while at the clinic and on the showgrounds.

I AGREE to wear gloves when presenting any horses in hand.

As a condition of and in consideration of acceptance of my registration and participation in this clinic, I AGREE to allow *Warmbloods Today* to take, use or assign photographs, videos, audios, cable-casts, broadcasts, internet, film, new media or other likenesses of me with or without my horse taken during the clinic for the promotion, coverage or benefit of the clinic and/or *Warmbloods Today*. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

I AGREE that I choose to participate voluntarily in the clinic as a spectator/auditor, or with my horse as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and this clinic event 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 hold harmless and release *Warmbloods Today* and clinician Judy Wardrope from all claims for money damages or otherwise for any harm to me or my horse and for any harm of any nature caused by me or my horse to others, even if the harm arises or results resulted, directly or indirectly, from the negligence of the magazine, clinician or venue. I AGREE to expressly assume all risks of harm to me or my horse, including harm resulting from the negligence of the magazine, clinician or venue.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the magazine, clinician or venue 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 while at the clinic.

If I am a parent or 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.

BY SIGNING BELOW, I AGREE to be bound to the terms and provisions of this document as well as to the information on the registration form. If I am signing and submitting this agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

SIGNATURE OF AUDITOR/RIDER: _____

PRINTED NAME OF AUDITOR/RIDER: _____

DATE OF SIGNATURE: _____