

# Registration Form



**Hoof Trimming  
For Horse Owners 101**  
*a one-day clinic*

**Saturday November 5, 2011 9am-4pm**  
**K-I-N Stables Athens, AL**

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

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

Email: \_\_\_\_\_

Emergency Contact (name & #): \_\_\_\_\_

**Registration (check one) - *Workshop limited to 10 participants with 20 auditors.***

- ☐ Earlybird Registration (\$65 payment must be received with forms by 11/04/11)
- ☐ Regular Registration (\$85 admission if paid day of workshop)
- ☐ Earlybird Auditor (\$35 payment must be received with forms by 11/04/11)
- ☐ Regular Auditor (\$45 admission if paid day of workshop)

**Payment type (check one) - *Please submit registration and release forms with payment.***

- ☐ Check (payable to Leitha Lee) ☐ Cash
- ☐ Paypal to [Leitha@hoofsmart.com](mailto:Leitha@hoofsmart.com) (earlybird payments only – completed forms may be scanned and submitted via email)

**Participants only (check one) - *Are you bringing a horse for hands-on trim practice?***

- ☐ My horse lives at the host facility.
- ☐ I would like to borrow an on-site horse.
- ☐ I'm bringing a horse for hands-on trimming practice. (Stalls available for \$10/day)
  - ☐ Copy of current negative Coggins attached

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Gender: \_\_\_\_\_ Color/Desc: \_\_\_\_\_

Earlybird registered participants who withdraw before the clinic date will receive a refund, minus \$20 non-refundable deposit. Earlybird auditors who withdraw before the clinic date receive full refund. Refunds less Paypal fee if applicable. Questions? Contact Leitha Lee at [Leitha@hoofsmart.com](mailto:Leitha@hoofsmart.com) or 256-653-6285.

**Information Packet and Registration and Liability Release forms available from [www.hoofsmart.com](http://www.hoofsmart.com)**

Registration Checklist:

- ☐ Registration Form
- ☐ Payment
- ☐ Signed Release from Liability forms  
(HoofSmart and host facility)
- ☐ Copy of current negative Coggins

Please allow 3 days for delivery when mailing payment and forms for Earlybird registration. Mail completed forms and payment to:

Leitha Lee  
379 Cabbage Patch Rd  
Valhermoso Springs AL 35775



# HoofSmart Release from Liability

THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS  
READ CAREFULLY BEFORE SIGNING

## WARNING

Under Alabama 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 the Equine Activities Liability Protection Act.

I agree to the following, in consideration for my participation in an event sponsored by Leitha Lee and HoofSmart:

I agree that I choose to participate voluntarily in the event as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a minor child. I am fully aware and acknowledge that horse events involve inherent dangerous risks of loss, and serious bodily injury, including, but not limited to, head injuries, trauma, broken bones, pain and suffering, or death ("Harm").

I agree to release, indemnify and hold harmless Leitha Lee, HoofSmart and the Event Location, their officers, officials, directors, employees, agents, and volunteers from 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 Event.

I agree to expressly assume all risks of Harm to me or my horse, including any Harm resulting from the negligence of Leitha Lee, HoofSmart, or the Event Location owners, officers, etc.

I hereby consent to and authorize the use of photographs and any other audiovisual materials taken of me or my horse during this event, for promotional or educational purposes.

If I am a parent or guardian of a minor child, I consent to the minor child's participation in the Event and agree to assume all of the obligations of the release on the child's behalf.

I have read and understand this Liability Release and agree to its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If under 18 a Parent or Legal Guardian must sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

You may not participate in this event unless you have signed this release.

## Equine Activity and Hold Harmless Agreement

1} I, \_\_\_\_\_, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with K-I-N Stables/Jim Swanner and associates at 13124 Carter Road Athens, Al 35611, understanding that this 'Release and Hold Harmless Agreement' is a waiver of any and all liabilities.

2} I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding, and/or handling said horse; including but not limited to, any interactions with any other horses. Understanding this risk I hereby release K-I-N Stables, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with K-I-N Stables and Arenas from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to handle, mount, or ride a horse owned or operated by K-I-N Stables or Jim Swanner.

3} I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

4} I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

5} I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to any incident caused by or related to said equine professional's(s) negligence, relating to injuries known, unknown or otherwise not herein disclosed; including, but not limited to, injuries, death, or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn; paddock; trails or horse rings; in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse or the horse I have been assigned to.

Date: \_\_\_\_\_

Company: K-I-N Stables /Jim Swanner

Person voluntarily entering into this Release and Hold Harmless Agreement:

_____ Signature of participant	_____ address
_____ If minor, signature of guardian (relation)	_____ address
_____ Printed name	_____ phone number and/or email address

If student is a minor, the person representing himself/herself to be the lawful Guardian under this Release and Hold Harmless Agreement.