Registration Form



Saturday November 23, 2013 9am-4pm White Horse Hills Arena Somerville, AL

Name:		Date:			
Phone:			Cell:		
Em	ıail:				
Em	ergen	cy Contact (name & #):			
Reg	gistrat	ion (check one) - Clinic limited to	o 10 participants with 20 auditors.		
	Earlyb	arlybird Registration (\$75 payment must be received with forms by 11/22/13)			
	Regular Registration (\$95 admission if paid day of clinic)				
	Earlyb	Earlybird Auditor (\$40 payment must be received with forms by 11/22/13)			
	Regul	egular Auditor (\$50 admission if paid day of clinic)			
Pay	yment	type (check one) - Please submit	registration and release forms with payment.		
	Check	k (payable to Leitha Lee)	☐ Cash		
	Paypa email	al to <u>Leitha@hoofsmart.com</u> (completed forms may be scanned and submitted via il)			
Par	ticipa	nts only (check one) - Are you bri	inging a horse for hands-on trim practice?		
	My ho	orse lives at the host facility.	☐ I'd like to borrow an on-site horse.		
	ing practice. (\$10 facility day use fee per horse, Horse Hills Arena when you arrive)				
		Copy of current negative Coggins	s attached		
Horse Name:		ime:	Breed:		
Gei	nder:	Color/Desc:			
refu Pay	indable pal fee	deposit. Earlybird auditors who withdraw if applicable. Questions? Contact Leitha I	re the clinic date will receive a refund, minus \$20 non- before the clinic date receive full refund. Refunds less Lee at Leitha@hoofsmart.com or 256-653-6285.		
Reg	gistratio	n Checklist:	Please allow 3 days for delivery when mailing		
	Registra [.] Payment	ition Form t	payment and forms for Earlybird registration. Mail completed forms and payment to:		
☐ Signed Release from Liability form ☐ Copy of current negative Coggins		Release from Liability form	Leitha Lee 379 Cabbage Patch Rd Valhermoso Springs AL 35775		



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:	
lf 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.