

# Registration Form



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

**Saturday October 3, 2015 9am-4pm**  
**Victory Alliance Ranch 2028 Jordan Rd**  
**Huntsville, AL**

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

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

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

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

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

- Earlybird Registration (\$85 payment must be received with forms by 09/15/15)
- Regular Registration (\$110 admission if paid after 09/15/15)
- Earlybird Auditor (\$45 payment must be received with forms by 09/15/15)
- Regular Auditor (\$55 admission if paid after 09/15/15)

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

- Check (payable to Victory Alliance Ranch Inc)       Cash
- Paypal sending money to Paypal account 7137753073 (completed forms may be scanned and submitted via email to [gaylebarnett@gmail.com](mailto:gaylebarnett@gmail.com))

**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.
  - Current negative Coggins attached

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

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

Earlybird registered participants who withdraw before the clinic date will receive a refund, minus \$30 non-refundable deposit. Earlybird auditors who withdraw before the clinic date receive full refund. Refunds less Paypal fee if applicable. Questions? Contact Gayle Barnett at [gaylebarnett@gmail.com](mailto:gaylebarnett@gmail.com) or 256-655-8387.

**Registration Checklist:**

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

Please allow 5 days for delivery when mailing payment and forms for Earlybird registration. Mail completed forms and payment to:



Gayle Barnett  
1413 Salty Bottom Rd  
Gurley, Alabama 35748



# 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.

**Victory Alliance Ranch Inc (VAR) Release, Assumption of Risk, Waiver, and Indemnification**

This document waives very important legal rights. Read it carefully before signing.

In consideration for permitting me to participate in this Clinic, **Hoof Trimming For Horse Owners 101**, and by signing this form, I agree as follows:

1. I AGREE that to choose to participate in this Clinic, as a handler or as an auditor, **I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE RELATED ACTIVITIES AND PARTICIPATION IN THIS CLINIC INVOLVE RISKS OF HARM INCLUDING, BUT NOT LIMITED TO RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE, OR MY PROPERTY.**

2. I AGREE for myself, my heirs, executors, administrators, successors, and assigns to release Victory Alliance Ranch Inc (VAR) and the owner of the facility in which this CLINIC is being held, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations, and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses, or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to this CLINIC and my participation in this Clinic, **INCLUDING, BUT NOT LIMITED TO DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE, OR NEGLIGENCE OF OTHER PARTICIPANT, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES**, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the facilities in which this CLINIC is being held.

3. I AGREE to indemnify and hold harmless the Released Parties from and against any claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities, and obligations (including attorney's fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of my participation in this Clinic, or any act, failure to act, or neglect by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors, or invitees, or by any animal owned or used by me or in my custody or control.

By signing below as parent or guardian of a junior participant, I consent to the child's participation and agree to all the above provisions and further agree to assume all of the obligations this **VAR Release, Assumption of Risk, Waiver, and Indemnification** provides personally and on behalf of the child.

This **VAR Release, Assumption of Risk, Waiver, and Indemnification** is governed by the Laws of the State of Alabama and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue for any legal action against the Victory Alliance Ranch, Inc., its officers, directors, employees, volunteers or agents shall be in local district courts, or the federal court of the State of Alabama. If any part of this agreement is determined unenforceable, all other parts shall remain in effect.

**VAR Release, Assumption of Risk, Waiver, and Indemnification**

I AGREE in consideration for participation in this CLINIC to the following:

1. I AGREE that I choose to participate voluntarily in this CLINIC with my horse, as handler or an auditor, or as parent or guardian of a junior participant. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of harm (to include but not be limited to accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, and death).

2. I AGREE to release the Victory Alliance Ranch, Inc and the owner of the facility 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 if the harm resulted, directly or indirectly, from negligence.

3. I AGREE to expressly assume all risk of harm to me or my horse, including harm resulting from this negligence.

4. I AGREE to indemnify (meaning to pay any losses, damages, or costs incurred by) the Victory Alliance Ranch, Inc. or the owner of the facility and to hold them harmless with respect to claims for harm to one of my horses and for claims made by other for any harm caused by me or my horse at this Clinic.

\_\_\_\_\_  
Print Participant/Auditor Name

\_\_\_\_\_  
Print Parent or Guardian of Junior Participant/Auditor

\_\_\_\_\_  
Participant/Auditor Signature      Date

\_\_\_\_\_  
Parent or Guardian of Junior Participant/Auditor Signature      Date

# Release and Waiver of Liability

For

## Victory Alliance Ranch, Inc.

2028 Jordan Road  
Huntsville, AL 35811

(Karen Chillcott)

This Waiver and Release of Liability is made and entered into by \_\_\_\_\_ (print name of person that is on ranch and sign last page, if under 19, print name of person on ranch AND of parent or legal guardian who will sign) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

1. I understand that it is the responsibility of the Visitor/Volunteer/Rider/Student/Horse Owner, (or parent or guardian) to carry full and complete insurance coverage of his/her horse, personal property and him/herself. **Initial** \_\_\_\_\_
2. I (Visitor/Volunteer/Rider/Student/Horse Owner, parent or guardian) acknowledge and understand that horsemanship is by its nature a dangerous activity, and that stables, barns, all buildings and/or shelters on the premises, trails, riding rings, and pastures containing horses, present risks which may be readily apparent or latent and/or unseen. I (Visitor/Volunteer/Rider/Student/Horse Owner, parent or guardian) agree to assume any and all risks involved in or arising from the use of, or presence upon Victory Alliance Ranch, Inc. 2028 Jordan Rd., Huntsville, AL, or any property adjacent thereto, and facilities including without limitation, the risks of death, bodily injury, property damage, falls, kicks, collisions with vehicles, horses, stationary or unstationary objects, fire or explosions, the unavailability of emergency medical care, and or the negligence or deliberate act of another person.  
**Initial** \_\_\_\_\_
3. I (Visitor/Volunteer/Rider/Student/Horse Owner, parent or guardian) acknowledge and understand that by volunteering, visiting, riding, being a student, parent or guardian on the ranch I am explicitly NOT authorized to operate equipment such as a tractor, mower, gator, etc. without explicit advance authorization from the owner AFTER I have been trained to operate said equipment. Furthermore, I agree to assume any and all risks involved in or arising from the use of, or presence upon, Victory Alliance Ranch, Inc. 2028 Jordan Rd., Huntsville, AL, or any property adjacent thereto, and facilities including without limitation, the risks of death, bodily injury, property damage, falls, kicks, collisions with vehicles, horses, stationary or unstationary objects, fire or explosions, the unavailability of emergency medical care, and or the negligence or deliberate act of another person.  
**Initial** \_\_\_\_\_
4. I (Visitor/Volunteer/Rider/Student/Horse Owner, parent or guardian) agree to hold Victory Alliance Ranch, Inc., its respective administrators, directors, agents, Officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from any and all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the acts or omissions of the "releasees": and I further agree that if, despite this release, waiver of liability, and assumption of risk, or anyone on my behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the "releasees", from any loss, liability, damage, or cost including attorney fees which any may be incurred as the result of such claim arising out of my (Visitor/Volunteer/Rider/Student/Horse Owner's, parent or guardian) use of, or presence upon Stable's property and facilities, or any property/properties adjacent thereto, including without limitation, those based on death, bodily injury, property damage, including consequential damages.  
**Initial** \_\_\_\_\_
5. I (Visitor/Volunteer/Rider/Student/Horse Owner) agree to require any guest visiting, riding, or using any part of the property or facility to sign and date a Release of Liability. **Initial** \_\_\_\_\_
6. When the Visitor/Volunteer/Rider/Student/Horse Owner or parent, guardian on behalf of the

Visitor/Volunteer/Rider/Student/Horse Owner signs this release, it will be binding on the Visitor/Volunteer/Rider/Student/Horse Owner heirs, beneficiaries and assigns, subject to the above terms and conditions. Initial \_\_\_\_\_

7. I hereby acknowledge and agree that I have read and understand the following 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.**

To minimize the risk of head injury, Victory Alliance Ranch, Inc. requires that each Rider/Student under the age of 19 wear a protective helmet when riding a horse. If you are 19 years of age or older, and choose not to wear a protective helmet, you will need to sign below stating that you are aware of the risks of riding without one. The American Medical Equestrian Association (AMEA) strongly recommends the use of helmets to minimize or prevent injuries and or death associated with horse riding activities.

By signing this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement "Agreement", I represent that I have read this Agreement and that I fully understand the Agreement. I further represent that I understand the nature of the activities that take place at Victory Alliance Ranch, Inc. and any activities associated with Victory Alliance Ranch, Inc. and that these activities involve the risk of serious bodily injury including but not limited to permanent disability, paralysis and even death.

**Visitor/Volunteer/Rider/Student/Horse Owner**

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

Printed Name: \_\_\_\_\_ Age & Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

**I am the parent/legal guardian of the Visitor/Volunteer/Rider/Student/Horse Owner named herein and I have read and understand the above RELEASE AND WAIVER OF LIABILITY and ASSUMPTION OF RISK AGREEMENT And expressly agree to all terms and conditions of this release by and for the Visitor/Volunteer/Rider/Student/Horse Owner.**

**Parent's or Legal Guardian Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age & Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

**I, (the rider/student), am over the age of 19, and have been informed of the inherent risks of injury to the head and even death when riding horses without the use of protective helmets. I, by my own accord choose not to wear a helmet, and therefore hold no one responsible for death or any injury that might occur to myself while riding on the premises of Victory Alliance Ranch, Inc. or any property/properties adjacent thereto.**

Signature \_\_\_\_\_.