

Dolly Hannon Clinic April 7-8, 2018

Return to:
 Britni Taylor
 1011 Robin Gln, Indianola, IA 50125

Name of Horse	Rider Name	Horse Level

Stable Fees	Stable Totals
Day Stall \$30 \$40 Overnight Stall, \$10 Jump Out Fee	
Lesson Description	Fee
Private (Saturday): \$150 members/\$170 non Semi Private: \$80 members/\$100 non	
Private (Sunday): \$150 members/\$170 non Semi Private \$80 members/\$100 non	
Audit Only: \$20 members/\$25 non members	

	MAKE CHECKS PAYABLE TO IADCTA	TOTAL:
Rider's DOB (if Jr/Yr):	Please contact Britni Taylor with any other problems or concerns. Thank you!	
Address:		
City/State/Zip		
Phone		
Cell Phone		
E-mail		

I hereby agree to release, indemnify and hold harmless IADCTA, Dolly Hannon, Middle River Ranch, its instructors, officers, directors, agents, the facility owners, show management and all volunteers associated with this event from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this clinic or related activities. I also hereby agree to release, indemnify and hold harmless the clinic, and members, 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 clinic or related activities.

I AGREE in consideration for my participation in this Clinic to the following: I AGREE that "the Clinic" and "Organizations" as used herein includes the Clinic Management, as well as all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliates. I AGREE that I choose to participate voluntarily in the Clinic with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the Clinic 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 the Organization and Clinic 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 Organization or Clinic. I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Organization or Clinic.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred) the Organization and Clinic and for any harm to me or my horse while at the Clinic. I have read the rules of the Organization or recommendations by the Organization and Clinic about protective equipment and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the Organization strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries. 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. I represent that I have the requisite training, coaching and abilities to safely participate in this Clinic.

BY SIGNING BELOW, I AGREE to be bound by all applicable Federation Rules and all terms and provisions of this registration form.

Rider Signature	Parent's Signature (if rider is under 18 yrs old)	Date

Rider Emergency Contact Information	
Name of Contact & Relationship:	Phone: