



MidAtlantic Horse Rescue
All Thoroughbred Clinic Entry Form

Sponsored by



Horse's JC Registered Name		
TJCTIP #		
Owner	Rider	Age
Address		
Email	Phone	
Clinic Date	Clinician	
Level of Horse		
If possible, please schedule with:		

Limited space available- clinics will be filled on a first come first served basis. Submitting this form does not ensure acceptance. If your entry is not accepted, check will be voided.

Fee: \$30- per rider, free for MAHR grads. Please send this form and check payable to MAHR, PO Box 407, Chesapeake City, MD 21915

Questions? Call Bev 610-405-0607 or email Bev@MidAtlanticHorseRescue.org

RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION

This document waives important legal rights. Please read carefully before signing. I agree, in consideration for my participation in the MidAtlantic Horse Rescue All Thoroughbred Clinic Series, hereafter known as "the Clinic", to the following:

- 1) I agree to participate voluntarily in the Clinic with my horse, as a rider, driver, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior competitor.
- 2) I am fully aware and acknowledge that horse sports and the Clinic involve inherent risks of accident, loss, and serious bodily injury, including but not limited to broken bones, head injuries, trauma, pain, suffering, death (hereafter known as "harm").
- 3) In consideration for your permitting me to participate I hereby release and forever discharge the Clinician Instructor, the Clinic, MidAtlantic Horse Rescue, Inc., Thoroughbred Education Research Foundation, Inc., Greener Pastures Inc., and their directors, officers, agents, volunteers, employees, successors and assigns, of and from all claims, actions and demands whatsoever which I or any heirs and assigns can and may have, with respect to any injuries to me, my family members, or any pet(s) or horses or damage to or losses of any property incurred in connection with or as a result of the Clinic, even if harm resulted directly or indirectly from the negligence of the Clinic.
- 4) I understand that securely fastened ASTM/SEI Certified helmets and shoes with heels are required at all times while mounted.

By signing below, I further agree to be bound by all terms & provisions of this entry form.

Signature _____ **Date** _____

(Parent or guardian if under 18)