

Larry Whitesell Clinic Auditor Pre-registration Form

Auditor Information:

Auditors Name: _____ Phone Number (s): _____

Address: _____
(Address information is voluntary unless paying by personal check) **wouldn't you want the address in any case?**

Payment of \$_____ received for: day 1 day 2 day 3
Non-members \$25 per day / MRMHC members \$20 per day. All prepaid fees are non-refundable. \$30 per day at the door for all.

Auditor signature in agreement of payment: _____ MRMHC Member: Yes / No.

Mail registration form and make payment to:

Julie Swanson
26363 Zuni St NW
Isanti, MN 55040

Is she taking credit cards or just personal checks?

Minnesota Rocky Mountain Horse Club Hold Harmless Agreement/Participant Release Waiver

The following is the **Minnesota Rocky Mountain Horse Club** Hold Harmless Agreement/Participant Release Waiver. All Members, Non-Member Participants and Volunteers involved in the Larry Whitesell clinic activity should sign an agreement and release form stating that they are participating and/or volunteering in your event at their own risk. It is also important that your Participant Release Agreement state that each Member or Non-Member has his or her own accidental medical insurance to cover the injuries to them and family members and that they have personal liability insurance to cover any negligent acts caused by them or their family members for which they are personally responsible.

Please Read Carefully Before Signing!

Event Sponsors and Club Administrators Do Not Assure Your Safety.

Please Initial (a parent or legal guardian must initial if the participant is under the age of 18).

Initial _____

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, have accident medical insurance coverage in force for injuries that I or my family may incur.

Initial _____

I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or legal wards and animals, and I, the Participant, Parent or Legal Guardian, do carry personal liability insurance coverage now in force.

Initial _____

I acknowledge that I, the Participant, Parent or Legal Guardian, should purchase and wear ASTM-standard/SEI certified equestrian helmets while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants' head injuries in the event of a fall or other related accident.

Initial _____

I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me or my horse at this show, activity and/or event.

I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.

Name of Participant Signature of Participant Date
(Please print) (Spouses must sign for themselves)

Name of Parent/Guardian Signature of Parent/Guardian Date
(Please print) (Please print)