



Terry Wilson- Registration/Waiver

Please Print

Rider Information

Name: _____ Age (if under 21): _____
 Address: _____
 City/state/zip: _____
 Home Phone: _____ Alternate Phone: _____
 E-mail Address: _____
 Clinic Dates: _____ Class Attending: _____

Please describe your current activities with your horse and your current Level on Ground Skills and Riding as well as any issues you have with specific tasks: (continue on back if you need more room)

Please list any safety or health issues associated with you or your horse

Payment Information

Class Fees: \$ _____ Payment enclosed: \$ _____ Balance due \$ _____ Check # _____
Please make check payable to Terry Wilson and return registration form and signed waivers with fees to:
 Mail: M. Kincaid, 1858 Meadows Dr, Pagosa Springs, CO 81147 - Fax: 970-731-5857 - Email/Paypal: TerryPNH@yahoo.com

Release of liability & assumption of risk agreement

In consideration of participation in a clinic, lessons and/or training conducted by Terry Wilson, I, _____ participant or parent/guardian of participant, auditor or parent/guardian of auditor, volunteer or parent/guardian of volunteer and my assignees, heirs, distributes, guardians, and legal representatives (hereby known as "Client") agree to fully and forever release, waive and discharge Terry Wilson and his family, heirs, employees, agents, coordinators & representatives (hereby known as "Instructor") from any and all claims, demands, actions, or causes of action of any kind arising from or by reason of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, death, damage to property, injury or death to horse and any consequences thereof which Client may sustain.

Client further agrees to not bring any claim, demand, legal action against and/or sue the host facility, owner and/or operator, its employees, managers, agents and representatives (hereby known as "Host") for any economic and non-economic losses due to bodily injury, death, property damage and/or injury to the Client or the Client's horse. Client agrees and understands that the limitations of the liability of the Host and Instructor and the waiver of Client's rights to seek compensation from Host or Instructor for injury or damages suffered by Client in connection with equine activity conducted at the host facility provided for by this release are in addition to and go beyond the limitations provided for by state law, and that, by signing this release, Client is not merely acknowledging the limitation imposed on his or her rights already imposed by state law, but is also knowingly and voluntarily agreeing to further limitations on his or her rights to seek compensation for injury, death or other damages in connection with any clinic, lesson or training conducted by Instructor at the host equine facility including any and all claims, liabilities, loss, damages, demands, actions, causes of action, including attorneys fees, costs and expenses of any kind which may be made against them.

Client hereby acknowledges and assumes the risk that horses and riding are very dangerous and involve the risk of serious injury and/or death and/or property damage. Client also expressly acknowledges that injuries received may be compounded or increased by negligent maintenance or the host equine facility, negligent care of horses, faulty or improperly secured equipment, improper instruction and supervision, acts of God and negligent rescue operations or procedures of the Host, negligent handling of horses and independent operations by other participants/auditors in any clinic lesson or training or by trainers, riders and or boarders who use the host equine facility or by others who are not affiliated with the Host. Client also expressly acknowledges that horses and horseback riding is a dangerous activity and involves inherent risks that may cause serious injury, and in come cases death, because of the unpredictable nature and behavior of horses and their riders regardless of their training and past performance.

By signing below, Client acknowledges the he/she has carefully read and understands its contents and the assumption of risk and release of liability contained herein and agrees to the same as set forth above on behalf of myself, my heirs, assigns, executors, representatives and where applicable, my minor child or children and their heirs, assigns, executors or representatives.

Client name(s) (please print) _____

Adult Client/parent/guardian signature _____ Date _____