



**MidAtlantic Horse Rescue**



## All Thoroughbred Clinic Entry Form

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

*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: \$40- 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, hereafter known as the "Hosts", 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.
- 5) Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD the Hosts, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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)