



Positive Reinforcement Training Techniques

Sunday, May 26: 1-5pm—half day lecture

Please bring your lunch

Opening date: April 22 * Closing Date: May 17

ENTRY FORM

Mail, fax or email to:

GMHA, attn. Positive Reinforcement Lecture

PO Box 8, S. Woodstock, VT 05071

tracy@gmhainc.org, fax 802-457-4471

<input type="checkbox"/>	Participation fee	\$10
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Name:	Email:
Address:	City/State/Zip:
Phone:	
Emergency Contact name & phone:	Relation to you:

Pre-payment is required

Credit Card

Exp _____ CCV _____

Signature _____

Check—payable to GMHA

No refunds after the closing date

Individual Agreement and Waiver of Liability

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039. I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to me or my horse or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and any Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability, claims, suits and expenses including attorney fees incurred, arising out of any injury to any person or damage to any property caused by me, my horse or attendants. I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

Participant signature: _____

Print name above: _____

I hereby consent the entry of my minor child: To participate in this clinic and certify that I have read and agree to the representations, disclaimers, and statements contained in this form. I hereby accept full responsibility thereunder for the participation of said minor.

Signature of parent : _____