



Positive Reinforcement Training Clinic

Sunday, October 13: 9am—4pm

Please bring your lunch

Opening date: September 3 * Closing Date: October 1

ENTRY FORM

Mail, fax or email to:

GMHA, attn. Positive Reinforcement Clinic

PO Box 8, S. Woodstock, VT 05071

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

<input type="checkbox"/>	Participant without horse	\$10
<input type="checkbox"/>	Participant with horse	\$35 (limit of 10 horses—first come, first served)

Participant Information—under 18 must have parent/guardian sign Waiver on back of this page

Name:	Email:
Address:	City/State/Zip:
Phone:	
Emergency Contact name & phone:	Relation to you:

Horse Information (if applicable) Day stalls are provided gratis, overnight stabling can be purchased below

Name:	Breed/Age/Color
<input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding	<input type="checkbox"/> Coggins Enclosed <input type="checkbox"/> Rabies Proof of Vaccination Encl. <input type="checkbox"/> Coggins & Rabies on File
Owner: <input type="checkbox"/> Same as Rider	Phone:
Address:	Email:

Member's stabling <input type="checkbox"/> Saturday night \$30 <input type="checkbox"/> Sunday night \$30	Non Member's stabling <input type="checkbox"/> Saturday Night \$45	<input type="checkbox"/> Hay \$10/bale _____ bales <input type="checkbox"/> Shavings \$10/bag _____ bags
		Total: _____

Pre-payment is required

<input type="checkbox"/> Credit Card (MC or VISA only) # _____ Exp _____ CCV _____ Signature _____	<input type="checkbox"/> Check—payable to GMHA No refunds after the closing date Please turn over and sign form on back
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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 Land-owners 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 here: _____

Print Parent/Guardian name below:

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/guardian: _____