



# WILLSWAY EQUESTRIAN CENTER

## FIX-A-TEST CLINIC REGISTRATION

Friday, April 25 & Saturday, April 26, 2025

Horse: \_\_\_\_\_ Rider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_

TEST TO BE RIDDEN \_\_\_\_\_

Date: Friday, 4/25 \_\_\_\_\_ Saturday, 4/26 \_\_\_\_\_

Fix-A-Test Fee: \$90.00 Trailer-In Fee: \$25.00 Lesson Horse Fee: \$50.00

Total Amount: \$ \_\_\_\_\_

Make check payable to: WillsWay Equestrian Center

The undersigned Exhibitor, owner and any signing parent or guardian hereby (1) agree to release the management of this show, their officers, directors, employees, members, or agents and the owners or managers of the grounds where this event is held, from loss, damage, liability, or injury arising out of or resulting from this show or Exhibitor participation or entry therein; (2) agrees to indemnify, hold harmless and defend; the organizer, facility owner, and the management of this show from and against any and all claims for loss, damage, or injury, however caused, resulting directly or indirectly from Exhibitors entry or participation in this show or from acts or omissions of Exhibitor or Exhibitors agents; and (3) acknowledges that activities with and around horses and horse shows involve inherent risks which are understood by the persons signing and are expressly assumed, in the event of injury to the Exhibitor or to the Exhibitor's animal or animals, permission is hereby granted to management for emergency medical treatment. WARNING: Under New York law, an equine sponsor or professional shall not be liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

**Signature of Rider/Parent** \_\_\_\_\_



270 Conklingtown Road / Goshen, NY 10924