



WILLSWAY EQUESTRIAN CENTER

FIX-A-TEST CLINIC REGISTRATION

Clinic Date: _____

Horse: _____ Rider: _____

Address: _____ City: _____

State/Zip: _____ Phone: _____

Email: _____ Age: _____

TEST TO BE RIDDEN _____

Total Enclosed: \$85.00

Make checks 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 _____

