

### Alternative Horsemanship with Samantha Harvey Clinic Registration

Please print all five pages- one registration per person/horse combination. Place a check mark next to all appropriate boxes.  
Mail Completed Participant Information, Horse Information, Liability Waiver, Clinic Session Sign Up Sheet and Check to  
The Equestrian Center, LLC  
55 Trotter Lane  
Sandpoint, ID 83864

Name: \_\_\_\_\_ Age: (If minor) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_  
(Home) (Cell)

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

Emergency Contact: \_\_\_\_\_  
(Name) (Phone)

Insurance: \_\_\_\_\_  
(Carrier) (Policy Number)

Medical  
Medical Conditions: \_\_\_\_\_  
(Anything you currently or in the past five years have suffered from.)

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Recent horse related accidents? \_\_\_\_\_

Riding Experience \_\_\_\_\_

Experience with horses: \_\_\_\_\_(yrs)

Riding Interest: \_\_\_\_\_

Riding Level: \_\_\_\_\_

Current Goals: \_\_\_\_\_

Future Goals: \_\_\_\_\_

Frequency of riding/handling horses: \_\_\_\_\_/wk

Please tell us about your current riding/horse situation:  
\_\_\_\_\_  
\_\_\_\_\_

Any other additional information you'd like us to know:  
\_\_\_\_\_  
\_\_\_\_\_

**Horse Information**

Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Horse Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Used for what discipline: \_\_\_\_\_

Experience level: \_\_\_\_\_

Vices: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

(Name)

(Phone)

Any recent injuries or health concerns?

\_\_\_\_\_

Date of most recent:

Immunizations- \_\_\_\_\_

(What)

(When)

Worming- \_\_\_\_\_

(What)

(When)

Trim/shod- \_\_\_\_\_

Please tell us how long you have had your horse, any issues or concerns you have about your horse, and any goals you have for your horse: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Will stabling be necessary? \_\_\_\_\_

Would you prefer a 12'x12' corral or shared pasture? \_\_\_\_\_

Please read and initial each of the following sections:

Stabling must be reserved ahead of time. All horses entering TEC must be current on their vaccinations and shoeing schedule. \_\_\_\_\_

All horses arriving from out of state need proof of a current Coggins and Health Certificate. \_\_\_\_\_

Please be respectful of the facility: there is NO SMOKING at any time at TEC; all dogs must be well behaved, leashed if necessary, and cleaned up after; if using camping area you must take all trash with you. \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if Participant is a Minor

\_\_\_\_\_  
Date

**LIABILITY WAIVERS**

WITNESS THIS AGREEMENT this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Equestrian Center, LLC & Samantha Harvey, hereinafter referred to as MANAGER and \_\_\_\_\_, hereinafter referred to as RIDER. For consideration received, and in return for the use, today and on all future dates of the property, facilities and services of Manager, Rider, Rider's heirs, assigns, and representatives hereby agree as follows:

1. Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Rider acknowledges that horses, by their very nature are unpredictable and subject to animal whim. Rider assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising there from. Rider agrees to abide by and follow Manager's rules and regulations which, shall be posted and/or available from time to time. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Rider. Rider assumes all risks therefore and warrants a full and fair disclosure of Rider's abilities has been made to Manager.

Rider expressly releases Manager from any and all claims for personal injury or property damage, even if caused by negligence (if allowed by the laws of this State) by Manager or its representatives, agents or employees.

Warning: Under Idaho Law, an equine activity sponsor or an equine professional shall not be liable for any injury to or the death of a participant or equine engaged in an equine activity except in very limited situations.

2. Rider agrees to hold harmless, indemnify and defend Manager against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Rider's use of or presence upon the property of Manager and the facilities located thereon.

3. In the event Rider is using Rider's own horse, or a horse(s) not owned by Manager, Rider warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Manager reserves the right to refuse access or use of any horse upon the premises that does not appear to Manager to be in good health, or is deemed dangerous or undesirable.

4. Rider agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

\_\_\_\_\_  
Rider Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD**

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between the EQUESTRIAN CENTER, LLC, hereinafter referred to as "Management," and \_\_\_\_\_, hereinafter referred to as "Parent."

Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren) \_\_\_\_\_

Social Security No \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Plan or Identification No. \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Questions? 866-904-0111 or 208-265-2644 PST email sam@learnhorses.com



**Clinic Participant Fees**

(Check payable "TEC")

**Full Immersion Clinic Participant Fee**

\$600 for 3 Day Clinic- Paid In Full

\$300 is 50% Nonrefundable Deposit- Remainder due prior to start of clinic

Deposit Paid chk# \_\_\_\_\_ \$ \_\_\_\_\_ remainder due \$ \_\_\_\_\_

Date of Full Immersion Clinic \_\_\_\_\_

OR

**Private Individualized Clinic Weekends**

\$500/person/horse- Saturday & Sunday - Paid In Full

\$250 is nonrefundable 50% deposit to reserve weekend- Remainder due prior to start of clinic

Deposit Paid chk# \_\_\_\_\_ \$ \_\_\_\_\_ remainder due \$ \_\_\_\_\_

Date of Private Clinic \_\_\_\_\_

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