

Junior Clinic Registration Form

Rider Information

Name _____

Age as of Jan 1st, 2017 _____

Emergency Contact & Phone # _____

Allergies? _____

Shirt Size _____

What do you want to work on at the clinic?

Parent Information

Name _____

Address _____

Phone Number _____

Where will you be staying during the clinic? _____

PLEASE RETURN TO MARISSA HUMPHREYS BY MARCH 15TH

EMAIL : NVR4GETCENA06@YAHOO.COM

ADDRESS: 44238 HEPPNER SPRAY HWY, SPRAY OR 97874

Questions? Call Marissa at 541-771-0709 or email her at the email above

Waiver of Liability

This agreement releases **Northwest Peruvian Horse Club and Steve and Jenee Demers** from all liability relating to injuries that may occur at the **2017 NPHC Junior Clinic at 219914 E Bowles Rd, Kennewick Wa**. By signing this agreement, I agree to hold the **Northwest Peruvian Horse Club and Steve and Jenee Demers** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in **horseback riding and handling**. These include but are not limited to being stepped on, thrown from a horse, kicked by a horse, etc. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **Northwest Peruvian Horse Club and Steve and Jenee Demers** for any reason. In return, I will receive in the 2017 NPHC Junior Clinic. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Participant)

Date

(Parent/Guardian if participant is under 18)

Date