



# Entry Form -Riders

## LCHA Working Equitation Clinic

November 25 & 26<sup>th</sup> at Enchanted Horse Dressage in Caballo, NM (One horse/rider combination per entry form only.)

Clinic has a limited number of slots, so please sign up as soon as possible.

Please make checks payable to LCHA. Mail entry form AND

Waiver/Release Form to: Laura Farmer, 3209 Jupiter Road, Las Cruces, NM 88012, [lafarmer@q.com](mailto:lafarmer@q.com), (575) 382-3386 or give to Sandra at Enchanted Horse Dressage. **Both forms MUST be filled out completely or your entry may not be accepted.**

Rider Name \_\_\_\_\_ Phone: \_\_\_\_\_ LCHA Member? \_\_Yes \_\_No  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Emergency contact \_\_\_\_\_

Horse Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Owner Name (if different) \_\_\_\_\_ LCHA Member? \_\_Yes \_\_No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ (\$10.00 non-member fee applies if rider or owner is not a current member. Only current members are eligible for year-end awards).

*This is a two day clinic including 30-45 minutes of private or semi-private dressage lessons on Saturday - bring a test you are working on.*

*After lunch we will work in groups on obstacles. Sunday morning will be more group work on obstacles, followed by each person riding the full course in the afternoon.*

*One helper is allowed per rider, others should fill in separate Auditor entry form.*

### FEES

Office Fee	\$ 10.00
Clinic fee	\$230.00
Non-member Fee (\$10)	_____
Seasoning Fee (\$20)	_____
TOTAL FEES	_____

Additional information: \_\_\_\_\_

Lunch, consisting of choice of sandwich, with beverage, chips, and dessert, will be provided. Please indicate which sandwich you would prefer: (We will have water and miscellaneous soft drinks.)

Day 1: Hamburger \_\_\_\_ Cheeseburger \_\_\_\_ Ham \_\_\_\_ Turkey \_\_\_\_.

Day 2: Hamburger \_\_\_ Cheeseburger \_\_\_ Ham \_\_\_ Turkey \_\_\_.

Riders may bring one groom/helper. All others need to fill in separate Auditor Sheet. Under 12 free.

## ***Release and Waiver of Liability and Indemnity Agreement***

***READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF LAS CRUCES HORSEMAN'S ASSOCIATION AND/OR ENCHANTED HORSE DRESSAGE ("THE RELEASEES").***

This is an agreement between the Undersigned (or minor in my charge) and Las Cruces Horseman's Association and Enchanted Horse Dressage (hereinafter the "Releasees").

I, \_\_\_\_\_ (hereinafter the "Undersigned") on behalf of myself (and my minor child), my personal representatives, heirs, next-of-kin, spouse and assigns HEREBY:

1. Understand and acknowledge that horseback riding is a dangerous activity and involves RISKS AND DANGERS that could result in SERIOUS INJURY and IN SOME CASES DEATH, because of the unpredictable nature & irrational behavior of horses, regardless of their training & past performance. Equines (horses, ponies, mules, donkeys, and asses) ***without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person.***

2. Voluntarily assume the risk, responsibility, and danger of injury or death inherent in horseback riding activities and being in the vicinity of equines of any type.

3. **RELEASE, DISCHARGE, WAIVE, DISCHARGE AND PROMISE NOT TO SUE** the Releasees, doing business under their own names or any other names and/or any of their owners, officers, directors, employees, agents, sponsors and sanctioning organizations, from all liability, claims, damage, demands, or costs whatsoever arising out of or related to any loss, damage, or injury (including death) to my person (or minor in my charge) or property while engaged in the activity of horseback riding and/or showing.

3. Release the Releasees from any claim that such Releasees were negligent in connection with my (or minor in my charge's) riding experience or ability including but not limited to handling, showing, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or supervising riding activities.

4. **INDEMNIFY, SAVE AND HOLD HARMLESS** the Releasees and their owners, officers, directors, employees, agents, sponsors and sanctioning organizations, from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with any event involving my (or minor in my charge's) use of a horse and any equipment or gear provided therewith or any acts or omissions of employees or agents.

5. Agree to abide by and follow any instructions given or rules established by the Releasees or any of their employees, agents or volunteers with regard to my (or minor in my charge's) participation in any event, use of a horse or any equipment or gear provided therewith.

6. Agree that the foregoing release & waiver of liability, assumption of risk, and indemnity agreement is governed by the State in which the activity or event is taking place, and is intended to be as broad and inclusive as is permitted by State law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force & effect.

7. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releasees or their owners, agents, employees, judges or managers for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees & costs incurred by the Releasees in defending such an action.

**I HAVE READ AND UNDERSTAND THIS RELEASE AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.**

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

DATE \_\_\_\_\_

**Parent or Guardian Signature (if Minor)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Number** \_\_\_\_\_

**PARENT/GUARDIAN RELEASE OF LIABILITY FOR MINOR**

***If the person who is to enter into this agreement (referred to as the "Undersigned" above) is under eighteen (18) years of age, his/her parent or guardian must read and sign the following:***

I, \_\_\_\_\_, acting as parent, natural guardian or legal guardian of \_\_\_\_\_ (hereinafter "the "minor") hereby affirms that he/she has read the Agreement, understands the Agreement and understands that the Agreement is a release of all claims for injury, death and property damage, and understands and consents to the terms on behalf of him/herself and on behalf of the minor, and agrees to indemnify and save and hold harmless the Releasees from any loss, liability, damage, or cost they may incur because of any defect in or lack of capacity to act on behalf of minor in executing this Agreement.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Number** \_\_\_\_\_