



CLINIC REGISTRATION FORM

NAME: _____ SPOUSE: _____
MAILING ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____
WORK PHONE: _____ FAX NUMBER: _____
EMAIL ADDRESS: _____

MAKE CHECKS PAYABLE TO: Ranch Horse Association of Michigan
MAIL TO: c/o Sam Holwerda
7115 Meadowbrook Road
Benton Harbor, MI 49022

PLEASE CHECK BELOW WHICH CLINIC YOU ARE PARTICIPATING IN:

Intro to Ranch Horse: April 21, 2012 (Potluck)
Location: McKinleys Harmony Acres, Cassopolis, MI
Fee: \$100.00 per horse/rider (limited to 15 riders)

Intro to Cattle Clinic: May 12, 2012 (Potluck)
Location: McKinleys Harmony Acres, Cassopolis, MI
Fee: \$125.00 per horse/rider (limited to 12 riders)

TOTAL AMOUNT ENCLOSED: \$ _____

TOTAL FEE IS DUE WITH THIS REGISTRATION FORM TO HOLD YOUR SPOT.

UNDER THE MICHIGAN EQUINE LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF THE EQUINE ACTIVITY.

I apply to participate in or observe equine events provided and sponsored by Ranch Horse Association of Michigan (RHAM). By signing this **RELEASE OF LIABILITY** I understand that my involvement in a Ranch Horse Event will expose me to above normal risks due to the unpredictable behavior of horses and their reactions to surroundings of unfamiliar objects, sounds and cattle. Examples of these risks include: collisions, kicking, biting, rearing, bucking, striking, rolling, bolting and trampling. I understand that horses have a tendency to behave in ways that may result in injury, harm or death to a person on or around it. I agree that I assume and acknowledge these and other dangers that are inherent in horse related activities. I agree that I am responsible for my own safety. I agree that I have my own medical coverage. I agree that the RHAM, their members, employees, and agents will not be liable if I suffer personal injury or death. I agree not to bring any claims, demands or lawsuits against RHAM, their members, employees or agents. I agree that if RHAM, their members, agents or employees are sued by anyone else because of claimed conduct by me, I will indemnify and hold them harmless from all damages and costs, including reasonable actual attorney fees. I agree that by signing this release it becomes binding on me, my heirs and assigns, and thus I am allowed to participate in RHAM activities or ride on property rented or in use for events. I agree that, THIS RELEASE CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT 1994 P.A. 351. I agree that Michigan law governs the enforceability of this release. I acknowledge that I have read this waiver and liability release and I fully understand it, I am eighteen years of age or older, and that I am signing this release on my own behalf (or on the behalf of my minor children), our heirs, representatives and assigns. I understand that I am responsible for my own financial loss in relation to any theft or damage to my tack, equipment, vehicles, trailers, and horses while on the premises where an Equine event is held.

DATE _____

SIGNATURE of ALL ADULTS

CHILDREN's NAME(s) and Date(s) of BIRTH

DONATIONS ARE APPRECIATED FOR CLINIC AUDITING AND FOOD!

FOR INFORMATION, CONTACT:

Tom MacFarlane at tommacfar@gmail.com / 269-655-4491
Deb Barrett at debra.barrett@att.net / 269-720-5331

CLINIC TIMES:

Start promptly at designated times
(Please be respectful to other participants...be on time and ready to ride at designated start time!)