



**Lisa Wilcox Clinic – March 21 & 22, 2009
Registration Form**

Please check one: Auditor: _____ Rider: _____

Name: _____ Horse Name (if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Clinic Day(s) – (Riders input ride time): Sat _____ Sunday _____ Date Horse Arrives: _____

Stalls: Per night (\$40) _____ Day of ride only (\$25) _____ Wine Reception: _____

AMOUNT DUE \$ _____

What do you want to work on (**riders only**): _____

Riding sessions are \$225 per ride/per day. Stall accommodations are also available as listed above. Shavings are included, but you must supply and dispense your own feed & hay. Negative coggins copy and your check for full payment made payable to “Highlife Farms” must accompany this signed registration form to be accepted. Auditor space is available at \$50 per day/per person, or \$80 for the weekend/per person (free to all riders). Join us for a wine & Cheese reception Saturday evening to follow the last ride. Cost is \$10 per person, (no charge for riders). All fees are non-refundable unless event is cancelled.

Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. I warrant said horse(s) shall be free from infection, contagious or transmittable diseases. Management reserves the right to refuse access or use of any horse upon the premises that does not appear to Management to be in good health, or is deemed dangerous.

LIABILITY RELEASE & ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

I assume all risks in connection therewithin, and expressly waive any claims for any injury or loss arising there from. I understand that by participating in this event, I do so at my own risk and risk to the above named horse. I understand that Highlife Farms, it's staff, the event organizer, volunteers, clinician(s), other facility staff, the hosting individual(s) and/or organization, sponsors or anyone acting on their behalf are not responsible for accidents, damage, injury or illness to the horses, riders, spectators, or any other person in connection with this event. I further agree to abide by and fulfill all financial commitments related to this event. The undersigned as a participant/parent/legal guardian or legal representative/agent/responsible party, being of legal age and fully competent to contract, have read, understand, and agree to the above Warning and Chapter 773 of the Florida Statutes and the Liability Release & Acknowledgment of Financial Responsibility.

Signature: _____ Date: _____

(COMPLETE THE FOLLOWING ONLY IF SIGNING ON BEHALF OF A MINOR)

Relationship to Participant: _____ Signer's Date of Birth: _____
(Month/Day/Year)