

Cow Workshop~ Sign Up Sheet ~

Return Registration and Payment to:

Cottonwood Creek Equestrian Center, Gail Bloxham
18550 Evergreen Rd., Cottonwood, CA. 96022
530-347-0212 cottonwoodcreekequest@gmail.com

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Workshop Date: Sept. 1, 2, and/or 3, 2018 (circle date)

TIME: 8:00a.m. to 12:00noon or 12:30p.m. to 4:30pm (circle time)

Instructor: Randy Brooks

Payment in full is required to secure your position in the course. No refunds will be given for nonattendance.

Workshop Cost: \$115.00

Amount Paid _____

EQUINE ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT
COTTONWOOD CREEK EQUESTRIAN CENTER
18550 Evergreen Rd., Cottonwood, CA. 96022 530-347-0212
cottonwoodcreekequest@gmail.com

1. I, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Cottonwood Creek Equestrian Center (Company), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, jumping, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees, sub-contractors, trainers and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by on incidental to me electing to mount and ride a horse owned or operated by Cottonwood Creek Equestrian Center.
3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
4. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.
5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's(s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn; use of arena; round corral, playground, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Person voluntarily entering into this Release and Hold Harmless Agreement

Date: _____

Name: _____

Signature: _____

Address: _____

Phone: _____

If you would like to receive our Newsletter please provide your email address

Parent or Guardian if above is under age 18:

Age(if a minor) _____

Name: _____

Signature _____