

Erickson Acres, LLC  
Vaulting Clinic with Veronica Painter  
June 7-9, 2018

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant's age (if under 18) \_\_\_\_\_

Please mark what you would like to sign up for:

\_\_\_\_\_ 4- hour group session (\$150) **Thursday, June 7<sup>th</sup>** **AM or PM**

\_\_\_\_\_ 4- hour private session (\$100) **Thursday, June 7<sup>th</sup>** **AM or PM**

\_\_\_\_\_ 4- hour group session (\$150) **Friday, June 8<sup>th</sup>** **AM or PM**

\_\_\_\_\_ 1- hour private session (\$100) **Friday, June 8<sup>th</sup>** **AM or PM**

\_\_\_\_\_ 4- hour group session (\$150) **Saturday, June 9<sup>th</sup>** **AM or PM**

\_\_\_\_\_ 1- hour private session (\$100) **Saturday, June 9<sup>th</sup>** **AM or PM**

I will try to accommodate requested AM/PM, I will send out ride times Monday June 4<sup>th</sup>

**Tell us about your riding/Horse experience (none needed)**

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**What to bring:**

Please wear athletic fitted clothing and gym shoes. Helmets are required for certain activities. No dogs or alcoholic beverages. Dress weather appropriately (Outdoor arena).

**Location:**

Erickson Acres  
N8010 County Rd BB  
Spring Valley, WI 54767

**Fees:**

All fees are due at the time of registration. Please make checks payable to Erickson Acres, \$35 fee for all returned checks. Please mail completed registration form, payment and liability waivers.

Release and Agreement to Assume Risk

I, \_\_\_\_\_ recognize that being around horses inherently carries risk. To minimize that risk, we encourage safety first and foremost. The use of helmets is encouraged for all riding and is mandatory for all minors, during lessons and all jumping. We also encourage all riders to utilize appropriate tack, and take advantage of lessons and training to assist in your enjoyment and safe handling of horses.

Due to the nature of horses, before any one may ride at Erickson Acres LLC and in consideration for you opportunity to ride here, we require that you sign below, you agree to assume the risk associated with horses and riding, bot to yourself, and to your horse. If you have any questions about the meaning of this legally binding contract, please feel free to ask one of us at 715-220-5660 or contact your attorney. Thank you for riding at Erickson Acres LLC.

I am participating voluntarily in the sport of riding horses. I understand and am fully aware that being around horses involves inherently dangerous risks of injury or loss to myself, my horse and my personal property. I further specifically release and hold harmless Erickson Acres LLC, its owners, employees, successors and assigns from and against all claims, liabilities, damages, accidents or illness to me, my horse, or my property resulting from its negligence. I further agree to release and hold harmless Erickson Acres LLC from any and all negligence, liability or responsibility for any claims, damages or injuries caused by myself or my horse while at Erickson Acres LLC.

\_\_\_\_\_  
Signature of rider/ parent of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

Minor's Name(s) \_\_\_\_\_

and

date(s) of birth \_\_\_\_\_

\_\_\_\_\_

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# HORSEMANSHIP UNLOCKED

## EQUINE RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name:

Address:

Telephone:

I hereby enter into this agreement in consideration of my / ability and permission to ride OR use any Horse owned by Veronica Painter of Horsemanship Unlocked

IMPORTANT NOTICE 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, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES BY VERONICA PAINTER INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR VERONICA PAINTER

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

Bites, kicks, abrasions or contusions from horses.

Being thrown or bucked off by horses.

Scratches or other injury from stalls or enclosures.

Scratches or other injury from grooming tools and other equine equipment and tack.

Allergic reactions to animals, hay, or other allergens.

Tripping in holes or on materials or equipment.

(Initial) \_\_\_\_\_

Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release Veronica Painter and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Veronica Painter its principals and agents.

(Initial) \_\_\_\_\_

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent with Veronica Painter, there will not be a nurse on the premises and Veronica Painter and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless Veronica Painter and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation with Horsemanship Unlocked or any acts or omissions of Veronica Painter principals or agents.

By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities with Veronica Painter, without restriction, without liability to Veronica Painter its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) \_\_\_\_\_

If I am present at and participate in the activities of Horsemanship Unlocked I do so at my own risk, and I hereby acknowledge and agree that Veronica Painter and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation with Veronica Painter

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

## **HORSEMANSHIP UNLOCKED PHOTO RELEASE FORM**

I hereby grant Horsemanship Unlocked permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Veronica Painter and will not be returned.

I hereby irrevocably authorize Horsemanship Unlocked to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Veronica Painter/Horsemanship Unlocked from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_

**If under 18, a parent must sign individually and as parent/guardian.**

Parent Signature: \_\_\_\_\_ | Date: \_\_ / \_\_ / \_\_\_\_