

2015 EAGLE MOUNTAIN RANCH WORKSHOP REGISTRATION FORM

Name: _____ Date of Birth: _____
(print)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone : _____

Email Address: _____

Date of Clinic attending: (please circle) **June 22-24th** **July 20-22nd** **Aug. 10-12th**

To avoid any unnecessary delay in the event of an emergency, please complete the form below and sign where indicated:

Emergency Contact Name: _____ Telephone: _____

Medical Insurance Company: _____

Policy No: _____ Member No: _____

Primary Physician: _____ Telephone: _____

Prior Medical History: _____ Allergies: _____

RELEASE OF LIABILITY

The undersigned hereby acknowledges and agrees to release and hold *Kim McLaughlin, Eagle Mountain Ranch, Its owners, employees and agents*, and any and all other persons, firms or corporations associated therewith, fully harmless from any accident, injury, illness, claim or damage (personal or property), to the undersigned or his/her horse, equipment or other property whatsoever which may result from the undersigned participating or engaging in any riding or related equine activities occurring on or off the premises of *Eagle Mountain Ranch*, located at 805 Lakewood Road, Arlington, Snohomish County Washington, including but not limited to the stables, riding areas, barns and pastures.

The undersigned acknowledges and agrees that:

1. Riding or related equestrian activities may be dangerous and agrees to fully assume all risk, chance, hazard and responsibility associated with any riding or equestrian activities conducted on or off the *Eagle Mountain Ranch* premises;
2. Riding or related equestrian activities may be dangerous and that he/she has had an opportunity to inspect and review the premises known as *Eagle Mountain Ranch* including, but not limited to, the current conditions of the stables, barns, riding areas, pastures and fences;
3. *Kim McLaughlin, Eagle Mountain Ranch and its owners, employees or agents* are not responsible for any lost or missing tack or personal belongings.

The undersigned acknowledges that he/she has read the entire Hold Harmless and Release of Liability and understands and agrees to be bound thereby. The undersigned further acknowledges that he/she is over the age of 18 years, OR that he/she is the authorized parent or guardian of the minor child.

\$200 per clinic. We accept Check, Cash or Credit Card with 3% finance fee. Payment due prior or day of the clinic. Please make checks payable to Eagle Mtn Ranch. Thank you!!

Signature _____