



Dressage Clinic with Gigi Nutter

June 2nd and June 3rd 2012

South Wind Stables

Pataskala, OH

Participant's Name _____ Fee Owed _____

Horse's Name _____ Date(s) & Lesson Time(s) _____

Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities.

The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Participant expressly releases **Ohio Dressage Society, South Wind Stables, Gigi Nutter** and any and all instructors/clinicians/judges/officials, owners, volunteers, staff, spectators and any person connected with the clinic and barns from liability from any negligence resulting in any injury or accidents to myself, my children, heirs, property and horse.

Warning

Under Ohio law, an equine activity sponsor, equine activity participant, equine professional, veterinarian, farrier, or other person is not liable in damages in a tort or other civil action for harm that an equine activity participant allegedly sustains during an equine activity and that results from an inherent risk of an equine activity, pursuant to Ohio Revised Code Annotated § 2305.321 (2001).

All participants are required to wear protective equipment, as defined by the USEF.

Rider's Signature _____

Parent's Signature _____

Horse Owner's Signature _____

Rider Name _____

Describe your past riding or showing experience and your current goals: _____

Horse _____ Age _____

Show experience or schooling level _____

Saturday: 50 min private _____ 30 min private _____ Time restraints _____

Sunday: 50 min private _____ 30 min private _____ Time restraints _____

Please be mounted and start to warm up prior to your lesson start time.

**ODS membership discount (members must be in place by May 15, 2012)
ODS bucks earned in 2011 and not already cashed in may be applied**

Private lessons 50 min lessons - \$140 per lesson for ODS members
30 min lessons - \$85 per lesson for ODS members

Non-members

Private lessons 50 min lessons - \$155 per lesson for non-members
30 min lessons - \$95 per lesson for non-members

Auditing fee - \$10 per day for non-members

Payment due in full at the time of registration. Checks will be held until 1 week prior to the clinic. No refunds for scratches unless a replacement rider can be located to fill the spot. \$30 returned check fee will be charged in addition to the lesson fee for any returned check.

Mail checks to Chris Gemmel, 4380 Blacklick Rd NW, Pataskala OH 43062