



Clinic Registration Form

Name: _____

Which clinic/session(s) will you be attending? Each clinic is \$80.00/Day, or \$160.00 both days.

Kid's Clinic: March 27th & 28th

____ Day 1 9-noon

____ Day 2 9-noon

Foundation Horsemanship: May 29th & 30th

____ Day 1 8-noon

____ Day 2 8-noon

Refined Horsemanship: June 26th-27th

____ Day 1 8-noon

____ Day 2 8-noon

Participate under 18: Yes _____ No _____

If under 18 Parent/Guardian Name: _____

Riding Level (Beginner, Intermediate, Advanced): _____

Will you be bringing a green horse Yes _____ No _____

What are the main areas/problems you would like to address with your horse? Please describe below:

A Few Notes to Participates:

- Payment can be made through paypal, cash, or check made payable to **3 Irons Horse & Cattle Co.**
- Current coggins and shot record required
- Please wear appropriate riding apparel: long pants, boots, etc...
- NO AUDITORS, our parking space is limited (unless you are part of a participates family etc...)
- Bleachers & chairs are not available-bring your own.
- NO DOGS, we have enough to go around!
- NO SMOKING
- We will be in an outdoor arena, shade will be limited, be prepared for warm temperatures
- Participates under 18 are required to wear a helmet when riding
- Please sign and return the attached waiver
- Participates in the groundwork classes are encouraged to bring:
 - A rope halter and lunge line/lead rope over 10ft in length.
 - A flag, lung whip, or other driving tool

Directions to the Ranch:

Address: 24390 Vincent Road Winnie, Texas 77665

**We are located at the VERY END of the road, blacktop will turn to shell road, entrance is on the right, black gate, black fence posts. Enter and wait for directions on where to park. Our parking is limited.

Contact Clarice with questions: (409) 782-5476 or email the3irons@aol.com

3 Irons Horse & Cattle Co.
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for participating in Equine Activities/Riding Clinic (name of activity) and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE 3 Irons Horse & Cattle Co., Dylan Choate, Clarice Martel, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
5. I UNDERSTAND THAT 3 Irons Horse & Cattle Co., Dylan Choate, Clarice Martel WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.
6. I further agree to become familiar with the rules and regulations of 3 Irons Horse & Cattle Co. concerning student/training/client/boarder conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
7. I also understand that I should and am urged by 3 Irons Horse & Cattle Co. to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the activity or the transportation to and from said activity.
8. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGE I CAUSE TO THE FACILITIES.

POSSIBLE INJURIES WHICH MAY OCCUR

There are risks involved when participating in the following program offered: Equine Activities/Riding Clinic (name of activity). Some of the possible injuries and bodily harm which can occur through participation in the programs are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries which may be sustained. The individual is completely responsible for his/her own safety and health.

POSSIBLE INJURIES: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in an extreme case-death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdominal, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries and veins, brain.

I/my child have reviewed the above information and am aware of the risks in participating in sports programs and the possible injuries which may occur. I/my child freely and voluntarily agree to participate in any and/or all of the activities listed here which are offered in the

Equine Activities/Riding Clinic (name of activity).

_____ (participant's name over 18)

_____ (participant's signature over 18)

_____ (name of Minor)

_____ (Parent/guardian's name)

_____ (Parent/guardian's signature)

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Or, if the participant is under age 18, parent/guardian _____ (name) does
ACKNOWLEDGE AND REPRESENT that they have read the foregoing Waiver of Liability and Hold
Harmless Agreement, understand it and sign it voluntarily as their own free act and deed; no oral
representations, statements or inducements, apart from the foregoing written agreement, have been made; and
they execute this Release for full, adequate and complete consideration fully intending to be bound by same on
behalf of the stated minor.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____,
202____.

Participant Name _____

Participant signature _____

Minor name _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

MEDICAL TREATMENT PERMISSION FORM

Name _____

Parent/Guardian Name _____

I, _____, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.

Home Phone (_____) _____ Alternate Phone (_____) _____

Health Carrier: _____

Policy No.: _____

Other Emergency Contacts: _____

Please list all allergies, restrictions or health exceptions: _____

This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for medical treatment to be given to me as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred on my behalf.

Participant Name _____

Participant Signature _____

Minor Name _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____