

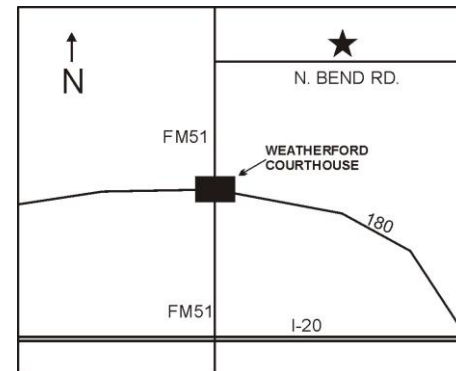


Willow Draw

Sinead Halpin Clinic

March 12-13th

Entries close at 20 people for the clinic.



Janet 817.313.1515

janetbook@hotmail.com

Entry forms and ride times online, www.willowdraw.com

No phone or email entries accepted

www.willowdraw.com

Entry form – CLINIC
1 entry form per horse per date

March 12-13th. Sinead Halpin 2 day clinic. \$375.

\$30 for RV hookup. 2 nights stall included plus bedding. No outside shavings.

Space is limited to 20. 4 Groups of 5 people riding similar level. Prelim, train, Nov, BN

All dogs on leash.

First day flat, grid and stadium. Starts 9am Prelim, 11 am Train, 2 pm Nov, 4 pm BN.

Second day, XC. 8 am, Prelim, 10 am Train, 1 pm Nov, 3 pm BN

Send Entries, Coggins and Fees To:

Willow Draw, LP
 573 North Bend Road
 Weatherford, Texas 76085
 Phone: 817.313.1515

| | | | |
|-------------------------|---------------------------|--|----------|
| | \$375 per level | | |
| | Circle Level | | Subtotal |
| Class | BN Novice Training Prelim | | |
| Hook-up: \$30 per night | | | |
| Total: | | | |
| Rider Name: | | | |
| Phone: | | | |
| Email: | | | |
| Horse Name: | | | |

RIDER / PARENT/ GUARDIAN RELEASE AGREEMENT

Willow Draw – LP, sponsors, facility providers, organizers and beneficiaries are hereinafter referred to as Equine Activity Sponsors. The Equine Activity Sponsors, their officers, members, employees, and agents will not be responsible for any damages to person, animal, or property at the show or in the grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian hereby releases the Equine Activity Sponsors, their officers, members, employees and agents from any and all liability, claims, and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event, or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties. WARNING UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. In exchange for the use of property owned by the Facility Providers and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment owned by the Facility Provider is at my own risk. I further agree to indemnify and hold harmless the Equine Activity Sponsors, the Facility Providers, and the Beneficiaries, their officers, members, employees and agents from any and all suits, actions, or claims of any type arising from my use of the premises or the participation in the equine activity or such use by my guest, whether such claims result from the act or omissions of the indemnified parties or otherwise. I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

Name: _____ DATE: _____

SIGNATURE OF RIDER/PARENT/GUARDIAN: _____