

Clinic Registration Form

Barry Fript, Clinician / Date July 18th, 19th and 20th, 2020

Please complete one form for each horse/rider combination

Rider Name: _____ Horse Name: _____

Rider Address: _____

Phone: _____ Email: _____

Private/45 minutes Dressage - \$75

Private jumping - \$90

Day	Number of Lessons	Type of Lesson	Total Lesson Cost	Time Preference Circle One *
Saturday				PM
Sunday				AM PM
Monday				AM PM
Total				

Facility Fees:

Type	Fee	Check Box
Jump out per Weekend	\$15	
Day stall,	\$25	
Overnight stall	\$35	
Weekend stall.	\$45	
Total		

* Time preference and stall availability is first come and can only be reserved with payment.

Stalls include one bag of bedding (please provide your own feed/water buckets and clean your stall during your stay).

Total of lesson/facility fees: _____ (Check payable to Middle River Ranch)

You may email rasprafka@gmail.com to reserve your ride(s) HOWEVER a completed waiver, registration form and all fees must be received **two weeks prior to the clinic**. If cancelations must be made within the two weeks before the clinic, riders will be responsible to find someone to take their ride(s) or all fees paid will be forfeited. (Doctor's excuse will be accepted for any refunds).

Please mail paperwork to: Robin Sprafka
 2976 214th Trail
 Winterset, Ia. 50273

2020 Clinic Release Form

Barry Fript, Clinician

Robin Sprafka, Sponsor

Including but not limited to Equestrian and/or private Facilities located at

Middle River Ranch, Winterset IA, 50273

RIDER CONSENT AND RELEASE FORM - READ CAREFULLY BEFORE SIGNING

Acknowledgement, waiver, consent and release from liability:

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHATER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

I, _____, acknowledge that Equestrian Training is physically challenging and carries with it the potential for death, disability and possible property loss, including but not limited to injury or death to the horse. I hereby assume any and all risks involved in participating in Equestrian Training programs or activities and the use of the property and facilities at the location of my Equestrian Training.

IN CONSIDERATION OF Barry Fript (hereinafter "Clinician"), Robin Sprafka (hereinafter "Sponsor") permitting me to participate in Equestrian Training Program and activities and to have access to the property and facilities which are part of the program, I hereby agree for myself, my executors, administrators, heirs, next of kin, successors and assigns, to waive, release, discharge, and agree not to sue, Clinician or Sponsors, Clinician or Sponsor's employees, including independent instructors with whom Clinician or Sponsors have contracted to provide instruction on the premises or off, Clinician or Sponsor's successors, agents, and assigns and Clinician or Sponsor's Landlord, its shareholders, its directors, officers, successors, agents and assigns, from or for any and all liability resulting from death, disability, personal injury or property damage, including but not limited to injury or death of the horse, as a result of my participation in any Equestrian Training programs or activities.

FURTHER, in consideration of permitting me to participate in the Equestrian Training program, I agree to INDEMNIFY, DEFEND AND HOLD HARMLESS Clinician or Sponsors, Clinician or Sponsor's employees, including independent instructors with whom Clinician or Sponsors have contracted to provide instruction on the premises or off, Clinician or Sponsor's successors, agents, and assigns and Clinician or Sponsor's Landlord, its shareholders, its directors, officers, successors, agents and assigns, from and against any and all losses, liabilities, damages, costs and expenses (including but not limited to, reasonable fees and disbursements to legal counsel and other profession advisors) suffered or incurred by other individuals or entities as a result of any of my actions during my participation in Equestrian Training and activities.

I hereby certify that I have read this document and I understand its contents and agree to be bound thereby.

Print Riders Name if Minor

Date _____
Rider / Participant (Minors, please have parent or legal guardian sign)

Date _____
Witness