

PINEBROOK FARMS HORSEMANSHIP CAMP/CLINIC REGISTRATION

NAME OF PARTICIPANT: _____ Activity _____
Date(s) of session(s) attending: ____/____/____ thru ____/____/____ and ____/____/____ thru ____/____/____
r Male orr Female, Age (at time of activity) _____ Height _____ Weight _____ Birth date: ____/____/____
Address: _____ City: _____ State _____ Zip _____
Name of parents or guardian of minor participant _____
Home phone:(____) ____ - _____ Ms. work: (____) ____ - _____ Mr. work: (____) ____ - _____ Fax:(____) ____ - _____
Emergency contact (other than participant's parents) _____ Telephone No.(____) ____ - _____
Relationship to participant: _____ e-mail address _____
School District: _____ Learned about Pinebrook Farms from: _____
Participant would like to bunk and/or ride with, _____ a friend, attending this session.
Experience with horses: r Less than 10 hours r Less than 20 hours r More than 20 hours. Will participant be riding r English or r Western style? Is participant bringing his/her own tack? _____ own horse? _____ If so, please describe the horse briefly as to sex, (no stallions allowed), age, size, disposition, training, etc.* _____
_____(Owner of horse will need to sign a form releasing Pinebrook Farms from any liability.)
Pinebrook Farms participant in prior years? _____ How many? _____ Suggestions and/or comments concerning program: _____
_____(Use reverse side if necessary)

PARTICIPANTS staying 4 days or longer: Please request a Health History Form #FMO8 by phone or e-mail. Registration is contingent upon receipt of the Health History form, which certifies that participant has been examined by a physician within 24 months of activity date.

OVERNIGHT CLINIC PARTICIPANTS: A modified health history form is required for our overnight clinics.

RELEASE/AUTHORIZATION FORM

I am participating/am allowing my child, _____ to participate in Pinebrook Farms' camp/clinic with the understanding that I will not hold Pinebrook Farms, Jorine or Harlie Seale, their family or employees, liable for any accident or injury to me/my child, any person accompanying me/my child, or to mine/my child's horse, while on the premises of Pinebrook Farms or while in the care of the above stated. Nor will I hold the above responsible for any loss of, nor damage to tack, clothing or equipment left at Pinebrook Farm due to accident, theft or fire. I give my permission for any photograph/s or videos taken of me/my child, during camp/clinic, to be used for promotional purposes without compensation.

I understand and agree that: These activities will be on a working horse ranch, and on and around horses. I realize that even under well supervised conditions, there is still risk involved. Horseback riding is classified as rugged adventure recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Pinebrook Farms chooses lesson horses for their calm dispositions and sound basic training, as is required for use as riding horses for novice and beginning riders, and Pinebrook Farms follows a rigid risk reduction program. Yet, no horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will, shifting its weight, bucking, kicking, biting, or running away from danger.

WARNING: Effective September 1, 1995, Texas State Law (Chapter 87, Civil Practice and Remedies Code) states that, "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".

Signature of participant/parent or legal guardian of minor child _____

THIS FORM MUST BE NOTARIZED BEFORE THE PARTICIPANT CAN BE REGISTERED (not required for clinic participants).

Subscribed and sworn to before me, the undersigned authority, on this _____ day of _____/_____.
Signature of Notary _____

Notary Public in and for: _____ County, State _____ My commission expires: ____/____/____

A NON REFUNDABLE REGISTRATION FEE OF \$200.00 MUST ACCOMPANY THIS FORM.

We can accept payment by credit cards

Please make check or money order payable to: Pinebrook Farms - 611 Virgie Community, Magnolia, TX 77354-3932
Phone 281-356-3441 - Fax 281-356-7018 - E-Mail Address: jorine@pinebrook-farms.com