

ARABIAN HORSE BREEDERS ASSOCIATION OF OREGON
All-Breed Showmanship and Ranch Riding Clinics

Rider Name: _____ **Age as of 01/01/2024:** _____

Horse Name: _____ **Gender:** _____

Owner Information:

Name (Last) _____ **(First)** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____

Participation Agreement, Liability Release, & Acknowledgement of Risk: I accept and clearly understand that riding a horse can be hazardous, especially in an equestrian event; that there are inherent and other risks involved in riding a horse; and that injuries are a common and ordinary occurrence. I freely accept and assume those risks. I therefore release the Arabian Horse Association of Oregon (AHBAO), its members and show grounds' owners and all of their agents and employees, from any and all liability for damage and injury to myself, my horse, or to any person or property resulting from my riding a horse in this equestrian event, accepting myself the full responsibility for any and all such damage or injury of any kind which may result. I agree to fully indemnify, defend, and hold AHBAO, clinic grounds' owners and all of their agents and employees, harmless from any and all claims, actions, liability, or costs including attorney fees and other costs of defense, arising out of or in any way related to my riding a horse in this equestrian event. The limitations on liability provided in ORS 30.691 shall apply to an adult/participant in the circumstances listed in subsection (1)(b) of this section if the participant, prior to riding, training, grooming or riding as a passenger upon an equine, knowingly executes a release stating that as a condition of participation, the participant waives the right to bring an action against the equine professional or equine activity sponsor for an injury or death arising out of riding, training, grooming or riding as a passenger upon the equine. A release so executed shall be binding upon the adult/participant. I hereby certify that every horse is eligible as registered. I make this entry at my own risk and understand that equine events are potentially dangerous. Event management and/or owners of the facility shall not be held responsible for any accident, injury or loss that may occur to any participant, their representatives, or to their horses, equipment, or vehicles. Presentation of this registration with my fees shall be deemed acceptance of the above.

Owner _____ **Date** _____

Participant _____ **Date** _____

Parent/Guardian _____ **Date** _____

(Parent/Guardian must sign for participants under age 18)

Please check clinic session order requested below (Note, you may choose a maximum of 1 AM session and 1 PM session per rider):

Savannah McGuire (Showmanship):
 AM _____ PM _____

Mary Jane Brown(Ranch Riding):
 AM _____ PM _____

Session fee (\$100/session)	_____ X \$100.00 =	\$ _____
Audit fee (\$10)	_____ X \$ 10.00 =	\$ _____
Parking Fee (\$10/Vehicle)	_____ X \$ 10.00 =	\$ _____
Stall (Optional) (\$65/day, \$95/overnight)	_____ X \$ 65.00/95.00 =	\$ _____
TOTAL DUE.....		\$ _____

OFFICE USE ONLY:

Check # _____ **Cash \$** _____