

LINDA FAIRBANKS CLINIC - ENTRY FORM – Fall 2008

Participant Name(s): _____ Treasure Valley Whips Member? _____

Address: _____

Horse(s) name(s): _____

PACKAGES: Indicate # of each desired & the amount:

- #__ One lesson/2day audit & lunches **\$115 TVW members** – others -\$140 \$ _____
- #__ Two lessons/2day audit & lunches: **\$215 TVW members** – others \$240 \$ _____
- #__ One day audit including lunch: **\$35 TVW members** –others \$50 \$ _____
- #__ Two-day audit includes lunch both days: **\$50 TVW members** – others \$65 \$ _____
- #__ Junior auditors each day: **\$15** \$ _____
(under 21 – young children must be accompanied by an adult);
- #__ Extra Groom/Spouse/SO Audit @ **\$15/day**; \$ _____
- #__ Stall(s) @ **\$55** for the weekend (**Thurs. after 6 pm – Mon. am**); \$ _____
- #__ Electrical hook-up @ \$10/night \$ _____
- \$ _____

PLEASE INCLUDE CLINIC INFO FORM WITH ENTRY!

Total Enclosed: \$ _____
(make checks payable to “TVW”)

STALLS MUST BE RESERVED WITH PAYMENT ONE WEEK IN ADVANCE OF EVENT

Send Entries & all Fees to:

TVW Clinic
351 Knob Hill
Eagle, ID 83616
(208) 939-6820

- Do you have any scheduling preference for lessons? _____.

RELEASE OF LIABILITY

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the Treasure Valley Whips or its members, officers, volunteers, insurers, or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE TREASURE VALLEY WHIPS, ITS MEMBERS, OFFICERS, VOLUNTEERS, INSURERS OR OTHER AGENTS, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to any negligent act or omissions of the Treasure Valley Whips, its members, officers, volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. **THIS RELEASE OF LIABILITY ALSO EXPRESSLY EXTENDS TO, AND INCLUDES THE OWNERS/PROPRIETORS OF ANY PREMISES OR FACILITY AT WHICH THE EQUESTRIAN ACTIVITY IS HELD.**

Date _____ Auditor/Driver’s signature _____

(Parent/Legal Guardian signature required if owner/driver is under 18)