

MARY RUTH MARKS CLINIC & ADT - ENTRY FORM – Spring 2010
Treasure Valley Whips Carriage Driving Club – treasurevalleywhips.org

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

Address: _____

Horse(s) name(s): _____

• #__ LESSONS - \$90 TVW member/others \$105	\$_____
• #__ ADT ENTRY – Indicate the following below:	
a. Level: __ TRAINING (beginning); or __ PRELIMINARY?	
b. Height division: __ (under 12 hh); or __ (12hh-14.2hh); or __ (over 14.2hh);	
c. Single__ or Pair __?	
\$75 ADT entry fee/others \$90	\$_____
\$50 ADT entry fee – w/ Lesson or Volunteer Audit/ others \$65	\$_____
• #__ One day audit including lunch: \$25 TVW members/others \$35	\$_____
• #__ Two-day audit includes lunch both days: \$40 TVW members/others \$55	\$_____
• #__ Junior auditors \$10 /day (Under 21)	\$_____
• #__ Extra Helper/Groom/Spouse/SO Audit @ \$10/day	\$_____
• #__ Stall(s) @ \$45 for the weekend (Friday after 6 pm – Mon. 11 am)	\$_____
• #__ Electrical hook-up @ \$10/night	\$_____
• POST ENTRY FEE FOR ADT ENTRY (AFTER APRIL 21, 2009) - \$20	\$_____
<i>(MAKE CHECKS PAYABLE TO "TVW")</i>	TOTAL: \$_____

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

SEND ENTRIES & ALL FEES TO: **TVW Clinic & ADT**
351 Knob Hill
Eagle, ID 83616

- 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)