

**Treasure Valley Whips Carriage Driving Club – [treasurevalleywhips.org](http://treasurevalleywhips.org)  
MEGAN SIBIGA CLINIC ENTRY FORM – Spring 2012**

**PLEASE INDICATE:**

**CLINIC #1 (April 21-22) \_\_\_\_\_ ~OR~ CLINIC #2 (May 19-20) \_\_\_\_\_**  
**(Entry opening date March 23, 2012) (Entry opening date April 23, 2012)**  
*Entries must be postmarked on or after the entry opening date for the respective clinic.*

Participant Name(s): \_\_\_\_\_ Treasure Valley Whips Member? \_\_\_\_\_

Address: \_\_\_\_\_

Horse(s) name(s): \_\_\_\_\_

- Do you have any scheduling preference for lessons? \_\_\_\_\_.

• #__ LESSONS - \$75 TVW member/others \$100	\$ _____
• #__ Stall(s) @ \$45 (Friday after 6 pm – Mon. 11 am)	\$ _____
• #__ Electrical hook-up @ \$10/night	\$ _____
<i>(MAKE CHECKS PAYABLE TO "TVW")</i>	<b><u>TOTAL:</u></b> \$ _____

**PAYMENT MUST BE INCLUDED IN ENTRY**

**STALLS MUST BE RESERVED WITH PAYMENT ONE WEEK IN ADVANCE OF EVENT**  
**SEND ENTRIES & ALL FEES TO:**

**TVW Clinics  
 1410 W Highland View Dr.  
 Boise, ID 83702**

**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 \_\_\_\_\_ Participant's signature \_\_\_\_\_  
 (Parent/Legal Guardian signature required if participant is under 18)