

Versatility Clinic Entry Form Clinic Date: _____

Rider Name and Date of Birth

Address

City, State, Zip

Phone # and Email

Level	Horse	Cost

Waiver

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Babcock Hill Horses Naturally LLC, Dawn Bonin Horsemanship LLc and all owners and affiliations of property at this event, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while horseback riding, handling, or being near horses or ponies. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that inherent risks are involved in riding, handling, or being near horses and ponies. The inherent risks include but are not limited to the propensity of equines to behave in a way such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling, or stepping on. Also the unpredictability of equines' reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals. By signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

signed

date

parent or guardian if under 18 years of age

date

Please make all checks payable to Dawn Bonin Horsemanship. Mail to: 577 Babcock Hill Rd. Coventry, CT 06238
Current Rabies and Coggins required.