

BROOKFIELD



With support from
NY State Horse Council



ENTRY FORM

Brookfield 50/25/15 Competitive Trail Ride/Drive Clinic

For more information go to: [Facebook.com](https://www.facebook.com) or [NYSHC.org](https://www.nyshc.org)

April 25,2020

Pure Country Campground New Berlin, NY

Participant

Name _____ Jr. _____ Sr. _____

Address _____ Age if Jr. _____

City _____ State _____ Zip _____

Tel# _____ Email _____

Horse _____

(Name ,Color, Sex, Breed)

FEE

The unmounted clinic fee is \$10.00. For mounted attendees, the fee is \$20 which includes horse camping with a spot for your rig at Pure Country Campground(PCC). It also includes a pipe stall for the day or overnight.

Directions to Pure Country Campground (PCC) Do Not use your GPS directions! Go to the PCC website: Near the top right of the page is a login oval. Just below and left of this is the word directions. Click this link to get to the next page. Scroll down to the bottom of that mostly blank page and click the small sentence that says "Click here to get turn by turn driving directions." This

will take you to a map and directions. Insert your starting point then click search. It will give you good directions to the campground.

For information about or to register for the clinic contact: Jo Lasher, Clinic Manager, 2292 Hermance Rd., Galway, NY 12074 (518) 882-1515 or jolasher65@gmail.com Make checks payable to: Brookfield NY Competitive Rides and mail to the above address. Confirmation of your entry will be by email.

This liability release and agreement must be signed and returned with your entry. No cross outs or additions are permitted.

In consideration for permission to enter and participate in the New York 50/25/15 Competitive Trail Riding Clinic I do hereby for myself, my heirs and assigns, release and hold harmless Clinic Management, Clinic volunteers, NYSHC, ECTRA, Pure Country Campground, and their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me and damage to my property, incurred during this clinic arising from negligence or any other fault. "Clinic" includes from the time I arrive at the clinic until the time that we leave the premises, as well as the actual event.

I understand that horses are unpredictable and can be dangerous. I am aware that as a result of participating in the clinic I may be injured, die or my property damaged.

In the event that the participant initiates a lawsuit against clinic management, clinic volunteers, NYSHC, ECTRA, Pure Country Campground, and their agents, officers, servants, employees and officials as a result of his/her participation in the clinic, and said participant fails to establish liability or fault of the above-named entities, the undersigned agrees to pay all litigation costs and legal expenses incurred by the above-named entities in defending said lawsuit. It is further agreed that the above-named entities may assign their right to recover legal fees and expenses to their insurance carrier.

I agree to take full responsibility for myself. I recognize that my participation in the clinic is voluntary.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE AND AGREEMENT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Participant's signature _____

Guardian signature (if Junior) _____

Horse Owner's signature _____