



Healthy Stride Course Registration and Release of Liability

Please Print

Course Dates: _____

Check One: Healthy Stride Basic Course for Horse Owners Healthy Stride for Hoof Care Professionals Healthy Stride Balancing the Barefoot Horse

Name: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____ Relationship to Student: _____ Your Age: _____

Do you have insurance coverage? _____ If so, please provide member/policy number: _____

Are there any safety or health issues about you that we should be aware of? _____

Briefly describe your previous farrier/trimmer experience. (Number of years, how many horses in your clientele, school attended, trade memberships, mentors, etc.)

What are your expectations for this course? _____

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE TO IT'S TERMS. BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF HEALTHY STRIDE INC., IT'S PRINCIPALS, EMPLOYEES AND AGENTS OR THE HOST FACILITY, IT'S OWNERS, EMPLOYEES OR REPRESENTATIVES.

Horses can be very dangerous. I am taking a risk and I assume responsibility for my actions. Be advised that many states limit the liability of equine professionals for horse related injuries. I acknowledge that horseback riding and handling is a dangerous activity, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this clinic as rider, participant, auditor or spectator.

I hereby release Healthy Stride, Inc., (Jim or Brandon Crew), or any Healthy Stride Endorsed Hoof Care Professional, Student or Representative of Healthy Stride, vendors attending the course, and the facility owner/caretaker or facility representatives of any liability associated with hoof care techniques and methods performed by those aforementioned.

I also agree that horses respond to these techniques and methods differently. I know that any association with horses can potentially be dangerous—either while on the ground or when riding. I willingly submit to handle my horse with due regard for my safety and those in proximity.

I further release Healthy Stride, Inc., (Jim or Brandon Crew), or any Healthy Stride Endorsed Hoof Care Professional, Student or representative of Healthy Stride, vendors attending the course, and the facility owner/caretaker or facility representatives from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to the horse participant or to any family member or spectator accompanying the Undersigned as a result of participating in the clinic, either as a spectator, volunteer or participant.

This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Healthy Stride, Inc., host facility, sponsors, agents, employees, assistants and volunteers against all claims, demands, and causes of actions, including vecourt costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld.

I do hereby give Healthy Stride and parties designated by them the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition, I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event. This release is valid unless revoked in writing. I acknowledge that I have read this release of liability, know, and understand its contents.

Date: _____ Signature: _____ Amount Paid: _____ Check No. _____ or Visa/MC

Please Fill out and Email to: info@healthy-stride.com or fax to: 336-499-3833. You will be sent an email invoice to the email address listed above.