Clark farms Colt Starting Challenge

Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Trainer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Total Entry Fee is $250.00. Please include deposit of at least $125.00 with this contract. Make checks payable to Clark Farms. Deposits cannot be refunded after 5/10/2024
* Please include a short bio of trainer’s accomplishments and/or experience with this contract
* Please email a picture of trainer with this contract to be featured on Clark Farms’ Facebook page
* By signing below trainers agree to follow all rules and judgements of the competition made by judge or any Clark Farms employees

Trainer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail payment and signed and completed documents to: Clark Farms, 1258 Davis Lane, Hustontown PA 17229

E-mail: clarkfarmhorses@gmail.com

\*RELEASE AND WAIVER OF LIABILITY,ASSUMPTION OF RISK & INDEMNITY AGREEMENT \*

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE ON ITS 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 THE STABLE; IT’S OWNER, AGENTS, DIRECTORS, AND CLARK FARMS (“THE RELEASEES”).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print First & Last Name) on behalf of myself

In consideration for allowing me to handle and ride a horse and on behalf of myself, or my personal representatives, heirs, next ­of­ kin, spouses and assigns, I HEREBY:

1.Acknowledge that insurance for animals, personal property and individual is the complete and full responsibility of the Rider.

2.Acknowledge that horseback riding is an inherently dangerous activity and involves risks that may cause serious injury and in some cases death, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.

3.Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment and gear provided to me by Clark Farms, here in after referred to as the Stable.

4.RELEASE DISCHARGE AND PROMISE NOT TO SUE the Stable, doing business under its own name or any other name and/or any of its owners, officers, employees, directors and agents (hereinafter the“Releasees”), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss,damage, or injury (including death) to my person or property.

5.Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.

6.INDEMNIFY, SAVE AND HOLD HARMLESS the Stable, its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of the horse and any equipment of gear provided therewith or any acts or omissions of wranglers or other employees or agents.

7.Acknowledge under Pennsylvania law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Pennsylvania Equine Activity Act.

8. Rider agrees, in the event medical assistance is needed, participant listed above will be responsible for all medical payments.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release the Stable, Releasees and agents from all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me to ride or handle a horse

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_