

WKF RIDE A TEST ENTRY FORM:

45 Min Session with Dinah Babcock, USEF "S" Dressage Judge. \$90....you ride the test of your choice. Fran will score, and then review the scores....explain what could improve them. Rider can re-ride critical movements and re-ride the entire test for a new and hoping improved score

ENTRY INFORMATION:

Rider's Name: _____

Horse's Name: _____ Level

& Test to be ridden: _____

WAIVER AND RELEASE OF LIABILITY for Windy Knoll Farm

In consideration of the risk of injury while participating in horseback riding, (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Windy Knoll Farm/Fran Kehr, located at 32118 Old Hempstead Rd, Magnolia, Texas 77355, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I agree to indemnify and hold harmless Windy Knoll Farm/Fran Kehr against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Windy Knoll Farm/Fran Kehr incurs any of these types of expenses, I agree to reimburse Windy Knoll Farm/Fran Kehr.

I acknowledge that Windy Knoll Farm/Fran Kehr and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Windy Knoll Farm/Fran Kehr.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICES AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I

EXPRESSLY AGREE TO RELEASE AND DISCHARGE Windy Knoll Farm/Fran Kehr AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Windy Knoll Farm/Fran Kehr FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Windy Knoll Farm/Fran Kehr, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I, the undersigned participant, affirm that I am of the age of 18 years or older, (***or must be signed by parent or guardian***) and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name : _____

Participant's Address: _____

Participants Phone/Email. _____

Participants Signature: _____ / **Parent Signature if under 18 :**