

William Woods University Sponsored
Gayle Lampe Clinic

___ Yes, I would like to eat dinner with the group at Beks on Court Street in downtown Fulton at 7pm on the evening of March 3rd.

___ Yes, I would like to attend the clinic from March 4th – 7th or _____.

___ Yes, I have enclosed my non-refundable \$320 deposit (the first 8 people to send their deposit will be in the clinic - anyone after that will be put on a waiting list. (The deposit will be returned if a spot is unavailable). Make the check out to “William Woods University” – for Saddle Seat Clinic. PLEASE SNAIL MAIL OR OVERNIGHT THIS FORM SIGNED IN BOTH PLACES TOGETHER WITH YOUR CHECK SO I GET EVERYTHING AT ONE TIME!!!!!!

___ Yes, I would like extra rides at \$50.00 each if there are available horses.

HOUSING

___ Motel (you are responsible for making your own reservations).

___ Room in the Alumnae House (I will make reservations for you if it is available).

___ I am bringing my own saddle. (We have saddles, so you do not have to, but it is helpful if we know in advance if you choose to bring yours.)

Please sign below:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home _____ Work _____

Cell _____

EMAIL: _____

Send to: Gayle Lampe
William Woods University
One University Avenue
Fulton, MO 65251

Phone: Home (573) 642-5169 Please leave a message
Barn/Office (573) 592-4395 Please leave a message
Cell Phone: (573) 590-1221 Please leave a message

E-mail: glampe@williamwoods.edu
Gayle.lampe@williamwoods.edu
Fax: (573) 592-1196

Please scroll down to see the release form!!! It must be signed before the school will let me put you on a horse

WILLIAM WOODS UNIVERSITY
RELEASE AND HOLD HARMLESS AGREEMENT

WARNING: Under Missouri 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 the Revised Statutes of Missouri. In addition, this Agreement contains a Waiver and Release of ANY and ALL CLAIMS related to EQUESTRIAN PARTICIPANT'S participation in equine activities, including, BUT NOT LIMITED TO, CLAIMS THAT MAY ARISE DUE TO THE INHERENT RISKS OF EQUINE ACTIVITIES AND CLAIMS THAT MAY ARISE FOR ANY OTHER REASON, INCLUDING NEGLIGENT ACTS OF WILLIAM WOODS UNIVERSITY.

The undersigned acknowledges there are inherent risks associated with equine activities, including, but not limited to those described below and hereby expressly assumes all risks associated with participating in such activities. Inherent risks include, but are not limited to: the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, bolting, falling or stepping on, and other such unpredictability, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals or objects; the limited availability of emergency medical care; and my own potential to act in a negligent manner that may contribute to injury to me or others, such as failing to maintain control over the animal or not acting within my own ability.

I further acknowledge that the behavior of any animal is contingent to some extent upon my ability, and I assume all risk associated with my personal abilities or limitations thereto. I warrant that a full and fair disclosure of my equestrian abilities shall be, or has been, made to William Woods University.

I expressly acknowledge that I understand that while participating in equine activities and events at William Woods University, I may be exposed to additional risks, including, but not limited to, faulty equipment, negligent acts by agents of William Woods University, or other risks that are not inherent to equine activities. This waiver does not pertain to incidents involving gross negligence or willful misconduct by the William Woods University and/or its agents.

I, the undersigned, expressly agree that I will abide by and follow William Woods University rules and regulations, which shall be posted and/or available upon request.

I, the undersigned, also agree that I will follow all instruction and other directives by William Woods University's equestrian professionals.

In consideration of being permitted to participate in equine activities, I the undersigned in full recognition and appreciation of the dangers and hazards inherent in equine activities, the dangers that may arise during transportation to and from such activities, and any other dangers as described in this Release to which I may be exposed during my participation in such activities at William Woods University, located in Fulton, Missouri, **do hereby agree to hold harmless the University, its employees and trustees and further release them from any liability or responsibility for accident, damage, injury, illness or death to the undersigned, for the**

