William Woods University Sponsored Gayle Lampe Clinic

Y	es, I would lik	e to attend the clinic fr	om April 28th - to N	May 2 nd or
to "V	deposit will be waiting list. The William Woods ERNIGHT THI	University" – for the	after that will be put ned if a spot is unava Saddle Seat Clinic. BOTH PLACES TO	
		ny own saddle. (We hance if you choose to b		do not have to, but it is
	Yes, I would li	ke extra rides at \$50.0	0 each if there are av	vailable horses.
	Yes, I want to	eat at Beks Friday nigl	nt at 7pm.	
	Yes, I will be	here in time to ride Fri	day night.	
HOUSING M Please sig	~	you are responsible fo	r making your own 1	reservation.
NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE: H	ome	Work		
C	Cell			
EMAIL:				
Send to:	Gayle Lamp William Wo One Univer Fulton, MO	oods University sity Avenue		
Phone:	Barn/Office	642-5169 Please leav (573) 592-4395 Pleas 90-1221 Please leave a	e leave a message	

E-mail: gayle.lampe@williamwoods.edu. _Fax: (573) 592-1196

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 period of my enrollment or participation in equine activities at William Woods University that may be caused by reasons including the negligence of William Woods University. This waiver does <u>not</u> pertain to incidents involving gross negligence or willful misconduct by the University and/or its agents.

I further agree for myself and on behalf of my heirs, personal representative(s) and assigns to defend, hold harmless, indemnify, release and forever discharge William Woods University and all its trustees, officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation in equine activities or from transportation to and from said activities.

William Woods University Equestrian Studies Division **strongly recommends** the use/wearing of protective headgear passing or surpassing current applicable **ASTM** (American Society for Testing and Measurements) standards with harness secure while riding University horses at any time. All students enrolled in Hunt Seat and Dressage must wear the above-mentioned headgear. Students participating in other seats are strongly urged to wear the above-mentioned headgear.

	DATE:				
OR THE RIDER:					
RIDER-(PRINT NA	ME)	RIDER-(SIGNATURE)			
ADDRESS	CITY/STATE/ZIP	TELEPHONE			
OR PARENT/GUAR	DIAN IF RIDER IS UN	NDER 18 YEARS OF AGE:			
PARENT/GUARDIAN-(PRINT NAME)		PARENT/GUARDIAN-(SIGNATURE)			
ADDRESS	CITY/STATE/ZIP	TELEPHONE			