



## **Chris Forté Horsemanship Clinic Registration (with 3<sup>rd</sup> optional practice day)**

**Clinic Dates:**

**Participant Cost, 2-day clinic: \$200  
Additional third day practice session: \$100  
Auditor Cost: \$50**

**Payments must be made in full before the beginning of the session.**

**Mail check and application to:**

**Chris Forté  
9457 Casten Lane  
Orangevale, CA 95662**

**For more information contact:** Chris Forté at: EBHRC1@gmail.com or  
(916) 834-2154

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Name

Street Address

City

State

Zip

Phone

E-Mail

Alt. Phone

Date of Birth

Gender : Female Male

Name, age, breed, and gender (Stallion, Mare, Gelding) of your horse:



## RIDING EXPERIENCE

### MY LEVEL IS:

- BASIC (CAN RIDE A GENTLE HORSE AT WALK & TROT)
- NOVICE (CAN RIDE A GENTLE HORSE AT WALK & TROT, SOME CANTER/LOPE)
- INTERMEDIATE (CAN RIDE WITH CONTROL AT WALK, TROT & CANTER/LOPE)
- ADVANCED (EXTENSIVE LESSONS & EXPERIENCE IN ONE OR MORE DISCIPLINES)
- INSTRUCTOR OR TRAINER
- RIDING GREEN HORSE
- OTHER (PLEASE DESCRIBE):

### WHAT KIND OF RIDING DO YOU DO?

- |                                                        |                                                        |
|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> HUNT SEAT:                    | <input type="checkbox"/> STOCK SEAT:                   |
| <input type="checkbox"/> DRESSAGE:                     | <input type="checkbox"/> SADDLE SEAT:                  |
| <input type="checkbox"/> ENDURANCE:                    | <input type="checkbox"/> PLEASURE/RECREATIONAL RIDING: |
| <input type="checkbox"/> COMBINED TRAINING / EVENTING: | <input type="checkbox"/> OTHER:                        |

Use the rest of this page to tell us a little about yourself and your horse (if you have one), especially, any problems you are having with your horse. When you are finished, go on to the next page.



**Waiver, Release of Liability,  
And Indemnity Agreement – California  
Read Carefully Before Signing**

I agree to the following agreement with Chris Forté and the Equine Behavioral Health Resource Center (EBHRC), a California business (referred to in this document as "Clinician"), her heirs and assigns, as a condition for allowing me, and persons identified below, to attend and/or participate in one or more clinics, instructional, or riding activities with Clinician, be near horses or ponies, handle horses or ponies, ride horses or ponies, receive instruction or guidance (directly or indirectly) in riding, working with, or handling of horses or ponies at any time and at any location under the direct or indirect supervision of Clinician; and/or use equipment (including, but not limited to, halters, lead ropes, headstalls, mecate reins, bits, and training sticks, or other equipment) on or near horses or ponies before, during, or after the clinic, instructional, or riding activity. (All of these activities, individually and collectively, will hereafter be referred to in this document as "Activities.")

Name of Contracting Party:

Addresses of Contracting Parties:

**Initial \_\_\_\_\_ CLINIC, INSTRUCTIONAL, OR RIDING ACTIVITY TERMS.** I choose to participate voluntarily in the Clinic with my horse, as a rider, handler, longeur, lessee, owner, agent, coach, trainer, auditor, spectator, groom, or as a parent or guardian of a junior participating in the Clinic. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and even death ("Harm").

**Initial \_\_\_\_\_** I understand that this is a physically demanding Activity. I am healthy and able to participate in the Activity.

**Initial \_\_\_\_\_** I will be responsible for the health, care, cleaning stalls and feeding of my horse throughout the entire Activity.

**Initial \_\_\_\_\_** My horse is reasonably manageable, both on the ground and under saddle.

**Initial \_\_\_\_\_** I understand that wearing an ASTM/SEI certified helmet while mounted is MANDATORY and I further understand that no protective equipment can guard against all injuries. I have been advised that, for my own protection, I will wear closed-toe shoes with a heel while riding, no sneakers. I agree to be fully responsible for my own safety at all times while on, near, or off the stable property. If I am a parent or guardian of a minor, I consent to the minor's participation and agree to all of the above provisions and agree to assume all of the obligations of this Release, Assumption of Risk, Waiver and Indemnification on behalf of the minor.

**Initial \_\_\_\_\_ RELEASE, WAIVER AND AGREEMENT TO INDEMNIFY.** I understand and agree that the Activity will be on and around horses. I realize that even under well supervised



conditions, there is still risk involved. Horseback riding is a rugged adventure recreational sport activity and that there are numerous obvious and non-obvious inherent risks always present. Horses are five to 15 times larger, 20 to 40 times more powerful, and three to four times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from three and a half to five and a half feet, and the impact may result in **INJURY OR DEATH** to the rider.

**Initial** \_\_\_\_\_ If a horse is frightened or provoked it may divert from it's training and act according to it's natural survival instincts which may include, but not be limited to: Stopping short, changing directions or speed at will, shifting it's weight, bucking, biting, kicking, or running away from danger. I hereby expressly assume any and all risks associated with my interaction with and riding of horses including, without limitation, any injury or death to myself.

**Initial** \_\_\_\_\_ Inherent Risks Around Horses. I acknowledge the inherent risks which are involved in riding and working around horses. These risks may include, but are not limited to, damage to personal property, illness, bodily injury, trauma or death resulting from a fall or while riding or being in close proximity to horses. I further understands that horses can and do injure themselves on fences and other objects found on the property and by fighting with other horses and that both horse and rider can be injured in the normal course of event while hacking, schooling or competing. I accept the danger involved to me and my horse and assume any and all risks of **INJURY, THEFT, LOSS OR DEATH** that may result from having my horse at the Clinician's facility or riding on Clinician's property nearby streets or that of Clinician's neighbors who permit me to ride on their property.

**Initial** \_\_\_\_\_ Conditions of nature and inspection of premises: I understand that Clinician, anyone affiliated with Clinician, and/or the host, and all other persons and organizations in any way connected with the events, property, riding activities, or any other related activity and each of them (collectively "Clinician") are not responsible for total or partial acts or occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some unsafe way. Some examples are: Thunder, rain, wild and domestic animals, insects, and natural or man-made changes in landscape.

**Initial** \_\_\_\_\_ I agree to waive the protection afforded by California Civil Code section 1542 which states: **A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.**

**Initial** \_\_\_\_\_ Knowing this facts, I agree to indemnify, waive, defend, release, discharge and hold Clinician harmless from all actions and any and all right, claim or liability for injury or damages which may occur to me or to any person that I permit to handle my horse, and from any and all claims or demands I, or people I permit to handle my horse, or any of my heirs, distributees, guardians, legal representatives or assigns (collectively "Me") now have or may hereafter have for injury or damage resulting from my involvement in this Activity, or with the facilities or equipment while on the premises of the property or trails, arenas, or other equine activities accessible directly or by trailer from the property. I further agree to pay any legal fees Clinician incurs in defense of a claim by me arising out of such activities.



**Initial** \_\_\_\_\_ Accident/Medical Insurance: I agree that if emergency medical treatment is required, I and/or my own medical insurance company shall pay for all such incurred expenses.

**Initial** \_\_\_\_\_ As a condition of and in consideration of acceptance of my application to ride in or attend the Clinic, EBHRC and/or Chris Forté may use or assign any photographs, videos, audios or other likenesses of me and my horse taken during the Clinic for the promotion, coverage or benefit of themselves.

**Initial** \_\_\_\_\_ **I, BEING OF LEGAL AGE AND OF SOUND MIND, AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICATES, HAVE READ AND AGREE TO THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.**

**Initial** \_\_\_\_\_ I understand that this agreement is entered into in the State of California and will be interpreted and enforced under California law..

**Initial** \_\_\_\_\_ I represent that I have the requisite training, coaching and ability to safely participate in the Clinic. By signing below, I agree to all the terms of this Release, Assumption of Risk, Waiver and Indemnification.

**RIDER**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**PARENT/GUARDIAN**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**AUDITOR/GROOM/SPECTATOR**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**OWNER**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_



## EMERGENCY MEDICAL FORM

Riders/Auditors Name:

Please describe any medical conditions, special conditions, limitations or learning disorders you feel we should be aware of or that could affect your riding:

List current medications:

INSURANCE CO. AND POLICY NO:

Physician's Name:

Phone:

Address:

Preferred Medical Facility:

Emergency Contact:

Street Address:

City:                      State:                      Zip:

Home Phone:              Cell Phone:              Business Phone:

Relation to applicant:



## Photo Release Form

I give Chris Forté and the Equine Behavioral Health Resource Center, otherwise known as photographer, permission to publish in print, electronic, or video format the likeness or image of me or my child or audio recordings of me or my child. I release all claims against the photographer with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Images, video and audio recordings of me or my child taken or recorded on the date below the photographer can be used in print, broadcasting and other forms of advertising; brochures, newsletters and other college publications; on the photographer’s website; in audiovisual presentations; and in other activities to promote the photographer and inform the public about the photographer. These photos, video or other images or recordings may be used by the photographer without payment of fees, royalties or other remuneration.

YOUR/MINOR’S NAME \_\_\_\_\_

IF MINOR, PARENT OR GUARDIANS YOUR NAME (Please print)

\_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**General Guidelines:** Parent or guardian signatures are required; signatures of minors are not sufficient. If you have questions, please contact Chris Forté at (916) 834-2154, 9457 Casten Lane, Orangevale, California, 95662.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name