

# REGISTRATION FORM

**David Lichman PNH Clinic**  
at  
Grove River Ranch, Gillsville, GA 30543

Participant Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May 29, 2010:

Sat AM L2/3 Online, fee \$225 + \$15 arena fee \_\_\_\_\_

Sat PM L3/4 Online/Liberty, fee \$225 + \$15 arena fee \_\_\_\_\_

May 30, 2010:

Sun AM L2/3 Freestyle, fee \$225 + \$15 arena fee \_\_\_\_\_

Sun PM L3/4 Finesse, fee \$225 + \$15 arena fee \_\_\_\_\_

May 31, 2010:

Mon 9 AM- 12 Noon Rhythm of the Ride \$175+\$15 \_\_\_\_\_

Total clinic fee (check enclosed) \$\_\_\_\_\_

Gaited Horses Naturally (\$175 + \$15 arena fee) and/or Lessons with David will be offered Monday afternoon. Contact Karen Jones directly to register for these classes so she can schedule accordingly. Rates for private and group lessons are on the Patterns and Prices sheet, arena fee applies.

Return the above completed form along with the completed Waivers of Liability below and your check made out to Karen Jones at the address below. If you have any questions, contact Karen by email at [kjpuzzles@mindspring.com](mailto:kjpuzzles@mindspring.com) or by telephone 770-251-1799 or 678-877-4817.

**Karen Jones**  
872 Jim Starr Road  
Newnan GA 30263

The above fees do not include stabling, lodging or meals. Contact CJ Farmer for information and reservations at 706-677-0072 or email [c.j.farmer@windstream.net](mailto:c.j.farmer@windstream.net). A confirmation letter with additional information and instructions will be sent to you the week before the clinic.

**Cancellation Refund Policy:**

60+ days prior to the clinic, full refund

30-59 days prior to the clinic, 50% refund

29 or less days prior to the clinic, no refund - credit may be issued



**GROVE RIVER RANCH, LLC**  
345 HICKORY FLAT DRIVE  
GILLSVILLE, GA 30543  
**(706) 677-0072 (770) 540-8380**

**WAIVER OF LIABILITY**

This WAIVER OF LIABILITY is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by and between CJ Farmer, designated as Manager/Facility Owner/Riding Instructor, and (PRINT NAME) \_\_\_\_\_, hereinafter designated as Rider, and, if Rider/visitor is a minor, Rider's parents (or guardian) \_\_\_\_\_.

In return for the use today, and on all future days, the Rider/Visitor and undersigned do hereby understand and agree to the following for myself, my family, heirs, executors, administrators, assigns and legal representatives:

I am aware of and agree to assume any and all risks involved in or arising from my use of or my presence upon the facilities at Grove River Ranch LLC, including, but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions, fires, the unavailability of on-site medical care, the negligence and/or deliberate act of another person, and any consequential damages which may be incurred by me at Grove River Ranch, LLC.

**WARNING**

***UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE ORIGINAL CODE OF GEORGIA ANNOTATED.***

I agree to indemnify and hold harmless Grove River Ranch LLC, it's owners, officers/directors, employees, agents, affiliates and successors from any and all claims, causes of action, for damages, judgments, expenses and attorney's fees that may arise in any way from my use of or presence at Grove River Ranch LLC.

I understand that horses can behave in unpredictable ways, which can result in accidents to anyone at any time, and that an equine's reaction to sound, movements, objects, vehicles, persons, animals, scents, or insects cannot be predicted. I assume responsibility for the horse I will be riding, and I assume responsibility for using protective gear such as hard hat, boots, etc.

If riding a horse not furnished by Grove River Ranch LLC, I warrant said horse to be free from contagious diseases, to have a current negative Coggins, and to be suitable and safe for this equine activity. I also agree to exercise due care to prevent injury to any and all horses.

I agree to be responsible for my own health, life and personal property insurance, which may include equine mortality/theft/surgical insurance.

I agree to assume responsibility, if I take a horse outside the barn area, for any risks arising from weather, rough terrain, wild animals, poisonous/toxic plants, and other adverse conditions associated with any natural environment.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THIS WAIVER AND THE RANCH RULES.

\_\_\_\_\_  
Signature of Rider/Visitor

\_\_\_\_\_  
Manager/Instructor's Signature

\_\_\_\_\_  
Signature of Mother (or guardian) if under 18

\_\_\_\_\_  
Signature of Father (or guardian) if under 18

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Phone Numbers

\_\_\_\_\_  
Relation to Rider

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attach any details about medical conditions

David Lichman Enterprises, Inc. - Clinics, Lessons & Training

**Release of Liability Agreement**

I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses, or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release David Lichman Enterprises, Inc. David Lichman, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge David Lichman Enterprises, Inc. David Lichman, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, David Lichman Enterprises, Inc. David Lichman, host facility and sponsors, and their agents and employees against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability and know and understand its contents.

**WARNING**

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I do hereby give David Lichman Enterprises and parties designated by him the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event.

***This release is valid unless revoked in writing.***

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Parent/Guardian please sign for minor.

Parent's Name (please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_