



345 Hickory Flat Drive; Gillsville, GA 30543
706-677-0072 OR 770-540-8380
www.GroveRiverRanch.com
c.j.farmer@windstream.net

CLINIC REGISTRATION FORM

CLINIC TITLE & CLINICIAN: **De-Spooking & Confidence Clinic, with Bill Richey**
CLINIC DATE: **March 31 & April 1, 2012**

Participant Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Email: _____

Clinic Fee \$295, or \$275 if postmarked by March 1, 2012 \$ _____

On Site Stabling

_____ Stalls @ \$20/day (bedding included) \$ _____

_____ Run Pens @\$15/day for 1 horse, \$20/day for 2 horses \$ _____

_____ Grounds fee @\$10/day per horse if not stabling \$ _____

On Site Lodging

_____ RV/horse trailer hookup \$21.40/night (up to 4 people per site) \$ _____

_____ Bunk House (twin beds) \$20/night/person + pro-rated cleaning fee \$ _____

_____ Two bedroom Cabin 50% deposit (call me for rates, based on number of occupants, maximum 4) \$ _____

Total Enclosed Check # _____ \$ _____

Return the above completed form along with a signed GRR Waiver of Liability, and your check made out to C.J. Farmer to the address above. A "Welcome" email with additional information and check-in 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 _____, 201__ 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