



345 Hickory Flat Drive; Gillsville, GA 30543  
706-677-0072 OR 770-540-8380  
[www.GroveRiverRanch.com](http://www.GroveRiverRanch.com)  
[c.j.farmer@windstream.net](mailto:c.j.farmer@windstream.net)

## CLINIC REGISTRATION FORM

CLINIC TITLE & CLINICIAN: **De-Spooking & Self-Defense, with Bill Richey**  
CLINIC DATE: **October 9 & 10, 2010**

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

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

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

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

**Clinic Fee** \$295, or \$275 if postmarked by September 8, 2010 \$ \_\_\_\_\_

### 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 \$20/night (up to 4 people per site) \$ \_\_\_\_\_

\_\_\_\_\_ Bunk House (twin beds) \$20/night + 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, signed clinician waiver, and your check made out to C.J. Farmer to the address above. A confirmation letter with additional information and instructions will be sent to you 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

National Mounted Police Services, Inc. and Bill J. Richey Release and Hold Harmless

I UNDERSTAND AND ACKNOWLEDGE THAT NATIONAL MOUNTED POLICE SERVICES, INC, BILL J. RICHEY AND ITS REPRESENTATIVES RECOMMEND: PARTICIPANTS, VISITORS, AND GROUND ASSISTANTS WEAR SAFETY APPROVED HELMETS', GLOVES AND RIDING BOOTS WHILE ATTENDING HORSE RELATED ACTIVITIES.

I FURTHER UNDERSTAND IN CONSIDERATION FOR RECEIVING EQUINE TRAINING FROM NATIONAL MOUNTED POLICE SERVICES, INC. AND BILL J. RICHEY ANY PERSONS INVOLVED IN SPONSORING, JUDGING, TEACHING OR HOSTING THIS EVENT WILL NOT BE LIABLE FOR ANY ACCIDENT, LOSS, DAMAGE, OR INJURY THAT MAY OCCUR TO ANY COMPETITOR, PARTICIPANT, STUDENT, HORSE, GROOM, VISITOR, AUDITOR, OR SPECTATOR SUSTAINED WHILE AT ANY NATIONAL MOUNTED POLICE SERVICES, INC. SPONSORED, SANCTIONED OR HOSTED, EVENT AND / OR SEMINAR.

I ALSO ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE INHERENT RISKS, DANGERS AND OR CONDITIONS ASSOCIATED WITH HORSE RELATED ACTIVITIES AND I ASSUME RESPONSIBILITY FOR MY OWN SAFETY, AND AGREE TO INDEMNIFY, PROTECT, SAVE AND HOLD HARMLESS THE INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS OR HOST FROM ANY LIABILITY, ACTION OR CLAIM FOR ANY ACCIDENT, DAMAGE, LOSS OF PROPERTY, INJURY, ILLNESS OR DEATH TO THE UNDERSIGNED, OR ANY HORSES OWNED OR UNDER MY CUSTODY CARE, OR TO ANY FAMILY MEMBER, SPECTATOR OR OTHER PERSON ACCOMPANYING THEM ONTO THESE PREMISES. I

I UNDERSTAND THE INHERENT RISK AND DANGERS INVOLVED IN EQUINE ACTIVITY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING CONDITIONS:

THE HORSE'S PROPENSITY TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, HARM OR DEATH TO PERSONS ON OR AROUND HORSES.

THE UNPREDICTABILITY OF A HORSE'S REACTION TO HAZARDS SUCH AS SUDDEN MOVEMENT, SOUNDS, SURFACE AND SUBSURFACE CONDITIONS, COLLIDING WITH ANOTHER ANIMAL(S), HORSES, PEOPLE AND OTHER FAMILIAR OR UNFAMILIAR OBJECTS.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THE HORSE AND RIDER WILL BE PLACED UNDER STRESSFUL CONDITIONS THAT MAY INCLUDE, BUT NOT LIMITED TO THE FOLLOWING: UNEXPECTED LOUD SOUNDS: SIRENS, GUNFIRE, FIREWORKS AND OTHER LOUD NOISES, OR INCENDIARY DEVICES SUCH AS SMOKE, FLAMES, FLARES, ETC EXPOSURE TO CROWDS, DEMONSTRATORS WITH PICKET SIGNS AND OTHER HAND CARRIED DEVICES, TRAVERSING UNUSUAL SURFACES INCLUDING BUT NOT LIMITED TO WALKING ON BLANKETS, WOODEN SURFACES, NEWSPAPERS AND PLASTIC.

I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE. THIS WILL BE INCORPORATED AS A CONDITION OF ADMITTANCE OR ENTRY TO THIS TRAINING, COMPETITION, OR SEMINAR. NATIONAL MOUNTED POLICE SERVICES, INC. POLICE TRAINING COMPETITION INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS AND HOSTS ARE RELEASED FROM ALL LIABILITY.

THIS RELEASE OF LIABILITY CONSTITUTES A WAVER OF LIABILITY ABOVE AND BEYOND PROVISIONS OF THE EQUINE ACTIVITY LIABILITY ACTS OF: FLORIDA, GEORGIA, ALABAMA, MICHIGAN AND MISSISSIPPI. WHICH STATE AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT INVOLVED IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF THE EQUINE ACTIVITY.

**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.***

PRINT FULL NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE, \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**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**

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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