

STUDENT ENROLLMENT FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: Days (____) _____ Evenings (____) _____

Occupation: _____

Emergency Contact:

Name: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Phone: Days (____) _____ Evenings (____) _____

Are there any Medical Conditions/Allergies we should be aware of?

No

Yes (please explain)

Release/Waiver:

Due to the nature of this activity, in the fact that it involves horses and the unpredictability associated with horses and horse-related activities, and the knowledge which I have undertaken to learn for myself, as well as the information provided, I am aware of the risks, hazards and dangers inherent to participation in any MJ Rising H Ranch school/clinic/retreat at any location. I elect voluntarily to participate in this activity, and its entire agenda of horse-related activities. I hereby personally assume all risks in connection with this activity and I release MJ Rising H Ranch, and other facilities used for the purpose of the school/clinic/retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at the MJ Rising H Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation.

I am also aware that I am held responsible and liable for the actions of any horse that I bring to any MJ Rising H Ranch school/clinic/retreat, and that I am therefore responsible and liable for any damages or injury to private property, etc. caused by this/these horses(s).

Once the school/clinic/retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

I have read and accept the terms above:

Student Signature

Date

SEND FORMS & DEPOSIT/PAYMENT TO:

Make checks payable to:
Gail Springer ----Credit Cards are accepted for 3% add on.
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Blanchard, Idaho 83804
208-437-0416
led@pasofinoland.com www.pasofinoland.com

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