



Summer Play Day

with Heather Lekan

Cowboy Dressage World Recommended Judge

July 22nd 2017

Hosted by Wisconsin Cowboy Dressage



Clinic Registration

I wish to participate in the WCD clinic **Summer Play Day** with Heather Lekan, Cowboy Dressage World Judge, on July 22nd, 2017 at Opagon Farm, 272 Edgerton Rd, Edgerton, WI. Enclosed are the required fee(s). I understand **fees are non-refundable**. If riding, I also understand that if I am unable to attend that I may transfer my riding spot to another rider or contact the WCD to fill my spot from their waiting list if one is available.

-- Clinic fee(s) must be paid in full at time of registration --

WCD Member		Clinic Fee	Initial Choice
	Riding Spot	\$65.00	
Non-WCD Member		Clinic Fee	Initial Choice
	Riding Spot	\$75.00	

WCD Member# _____ Date _____ Total Enclosed \$ _____

Name _____ Email _____

Address _____ City State Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Under 18 yrs? Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Emergency Contact _____ Relationship: _____

Emergency Home Phone (_____) _____ Cell Phone (_____) _____

Stallion handlers/riders must be 18 yrs. or older

All participants must sign WCD and Showtime Release forms *before* start of the clinic.

Make checks payable to: Wisconsin Cowboy Dressage (WCD)

Mail Clinic Registration, check(s) and Horses Current Coggins to:

WCD c/o Heather Lekan

272 Edgerton Rd, Edgerton WI 53534

Summer Play Day



with Heather Lekan CDW Judge

May 6th 2017

Hosted by Wisconsin Cowboy Dressage

Rider Information/Registration

Opagon Farm ~ 272 Edgerton

Arrival Date _____ Estimated Arrival Time _____

Owner/Rider (Person responsible for horse during clinic) _____

Home Phone (_____) _____ Cell Phone (_____) _____

Horse's Name: _____ Age _____

Gender: _____ Color/Distinct Markings _____

Emergency Contact Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

Stabling Fees

Original Coggins shown upon arrival.

Box Stall - \$25 Day Use – Includes First Shavings Limited Stalls Available		Outside Pen - \$20.00 Day Use - Limited Pens available	
Shavings – \$8.00	~	Bags Requested _____ x \$8 =	
Trailer in Fee - \$10 per day (No stall will be provided, no overnight parking or portable fencing)			

Total Enclosed \$ _____

For stabling, please make check payable to **Opagon Farm, LLC** with *Stabling* on the memo line.

Stallion handlers/riders must be 18 yrs. or older

All participants must sign and submit WCD and facility Liability Release forms, full payment(s) and 2 copies of Coggins *before* start of clinic.

Mail Stabling Registration, checks, 2 copies of Current Coggins and Clinic Registration to:

WCD c/o Heather Lekan 272 Edgerton Rd, Edgerton WI

Wisconsin Cowboy Dressage, Inc

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I, _____ (“Participant”), acknowledge that I have voluntarily applied to participate in the following equine activities, which activities are produced and/or sponsored by **Wisconsin Cowboy Dressage, Inc.** (Formerly know as Wisconsin Western Dressage Club, Inc)

Cowboy Dressage Clinics, Schooling Shows & Events

In consideration of the Event Sponsors allowing me to participate in the Activities, I agree as follows:

Assumption of Risks. I acknowledge that there are numerous inherent risks associated with equine activities, including but not limited to: (a) the propensity of equines to behave in such ways as to result in injury or death to persons on or around them; (b) the unpredictability of an equine’s reaction to such things as sounds, sudden movements, unfamiliar objects, persons or other animals; (c) collisions with other animals; and (d) the potential of participants to act in a negligent manner that may contribute to injury to the participant or others. With full knowledge and appreciation of these and other inherent risks associated with the Activities, I freely and voluntarily assume such risks.

Waiver and Release of Liability. Understanding and assuming the risks of the Activities, I hereby waive any and all rights to sue and hereby release the Event Sponsors and their respective directors, officers, members, employees, volunteers, agents, contractors and representatives (collectively, the “Releasees”) from any and all liability, loss, claims or actions that I, my assignees, heirs, or legal representatives may have for property damage, injury or death (including to my horse) resulting from the Activities. This waiver and release is effective even if the property damage, injury or death is caused by, or contributed to by, actions or failure to act of the Releasees that constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities.

Permission to Summon Medical Assistance. If I am injured during the course of participating in the Activities and am unable to verbally communicate, I hereby grant permission to the Event Sponsors to summon medical assistance for me if they deem it necessary in their sole discretion.

Intent. This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND I AGREE TO BE FULLY BOUND BY ITS TERMS. I UNDERSTAND THAT THIS IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION.

"Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Signature of Participant _____ Date: _____

If the Participant is under 18 years of age, the Participant’s parent or guardian must read and sign below, indicating his or her acceptance:

The undersigned declares that he or she is the parent or legal guardian of the Participant and is over 21 years of age. The undersigned has read this Assumption of Risk, Waiver and Release of Liability, and hereby agrees that all of the terms and conditions contained herein shall be binding upon both the undersigned and the Participant.

Signature of Parent or Guardian _____ Date _____

Print Name of Parent or Guardian _____

Release of Liability

“Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481(1)(e) of the Wisconsin Statutes.”

Read Carefully: THIS AGREEMENT EFFECTS YOUR RIGHTS

KNOW ALL PERSONS BY THESE PRESENTS:

The undersigned, being of lawful age, or by the consent of a legal guardian, desires to participate in equestrian activities with Opagon Farm & Heather's Custom Braiding, LLC and Heather Lekan. These activities include, but are not limited to, riding lessons, the cleaning, grooming and handling horses, and any and all other activities in the equestrian stables. The undersigned acknowledges that there are dangers and risks of injury inherent in these equestrian activities, but still desires to participate in these activities.

THEREFORE, the undersigned, for and in consideration of the opportunity to participate in these equestrian activities and for other good and valuable consideration, does hereby forever release, acquit and forever discharge Opagon Farm & Heather's Custom Braiding, LLC, Heather and Todd Lekan, their heirs, their volunteers, employees, agents, insurers and all other persons, corporations, associations, or partnerships involved in these activities from all claims, actions, causes of actions, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever which the undersigned may hereinafter incur on account of, or in any way growing out of, any and all known and unknown, foreseen or unforeseen bodily and personal injuries and/or property damage or the consequences thereof resulting from any accident or event involving the undersigned and arising out of equestrian activities.

FURTHER AND BY WAY OF INDEMNITY the undersigned hereby expressly understands and agrees to indemnify and save harmless Opagon Farm & Heather's Custom Braiding, LLC, Heather and Todd Lekan, their heirs,, their volunteers, employees, agents and insurers against any and all further claims or damages, costs or expenses incurred by Opagon Farm, Heather and Todd Lekan, their heirs, their volunteers, employees and agents, as a result of any accident or injury which might occur while the undersigned is engaging in equestrian activities which may result from the negligence of the undersigned, Opagon Farm & Heather's Custom Braiding, LLC, Heather and Todd Lekan, their heirs, their volunteers, employees or agents, third parties or any combination thereof.

The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned and that this release contains the entire agreement between the parties hereto and that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Print Name

Signature

Legal Guardian if Under 18 years of age

Signature of Legal Guardian

Date

Address: _____