Every Stride Dressage, llc

Alison Sader Larson Clinic

November 15th & 16th of 2014

Auditor Registration Form

Name: _____

Address:_____

Phone:_____ Email:_____

Clinic Information:

Fees:

- $40 for both Saturday & Sunday
- or $25 for either Saturday or Sunday

Rides will begin between 7:30 and 8:00am. Please bring your own chair and leave all dogs home.

I understand that equine activities, including riding, leading and/or being in the same proximity of any horse have inherent risks that include, but are not limited to, bodily injury, emotional trauma and death.

I agree not to hold Every Stride Dressage, llc its independent contractors, agents, guests, Erin McElmurry, the owner of the horse, any of the owner's family members, businesses and /or affiliations responsible in the event of any injury or loss while on the premises of 13482 South 29th Street Vicksburg, MI 49097. I understand that I am responsible for my own safety, as well as the safety of any guests, clients, or parents of clients that I bring onto the aforementioned premises.

WARNING

UNDER THE MICHIGAN EQUINE LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY ACT 351 OF THE PUBLIC ACTS OF MICHIGAN OF 1994 AS AMENDED.

This Agreement is subject to the laws of The State of Michigan.

The parties have executed this Agreement this ____ day of _____ 20__.

Signed by: _____ (auditor)