

North Island Registration Form 11th – 13th January 2020

Important: Riders *and* Auditors please fill out **one Registration Form per person** + **Release Form Below**

Post both to Buck Brannaman Clinic NI PO Box 685, Rangiora 7440 Canterbury, NZ

I wish to attend the North Island Clinic as a Rider.....Auditor.....

Name:.....

Address:.....

.....

E-mail.....

Best contact Phone Number.....

Cost: **Riders:** \$950NZD includes Clinic Fee, Arena Fees, Camping and Yards>3 days/4 nights

\$200 First payment (deposit) to Horsemanship NZ Ltd Event: 02-0747-0092548-67

Second Payment \$750.00 on 15th Dec 2019 (No part payments please)

Add \$20 per extra persons camping who are non-riders/non auditors (family or support crew)

Auditors: \$180.00 add \$20.00 if camping on site for 3 days/4 nights

\$60.00 Deposit to Horsemanship NZ Ltd Event: 02-0747-0092548-67

Second Payment \$120.00 by 15 Dec 2019

Auditors: Days attending please tick: Saturday 11th Sunday 12th Monday 13th

NO CHEQUES PLEASE

Please: One deposit per person IDENTIFIED BY the EXACT Name above with NI

(eg. Joe Bloggs NI)

If you are married or attending with friends please make separate deposits. If you are attending both clinics make separate deposits identifying which is NI or SI.

Please post completed Registration and Release Forms (one per person) to:

Buck Brannaman NI Clinic, c/o PO Box 685, Rangiora 7440 Canterbury

To clarify: We need one **Deposit Payment** matching one completed **Registration Form** and one signed **Release Form** per person (for riders and auditors).

Canceling your spot: If you cannot attend after all, let us know prior to 15th December and all monies, less a \$30 admin fee, will be refunded.

Further enquiries: email horsemanshipnz@xtra.co.nz

STILL PHOTOS ONLY, NO VIDEOS PLEASE (Buck is very strict about this)

BUCK BRANNAMAN CLINICS, INC. VOLUNTARY RELEASE ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I, _____, HEREBY ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling and riding of horses with BUCK BRANNAMAN HORSEMANSHIP CLINICS, INC., such instruction to take place on the premises of ____ National Equestrian Centre, Taupo, NZ _____, sponsors.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. IN CONSIDERATION for being permitted to participate in said instruction and training:

1. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Buck Brannaman, individually and doing business as Buck Brannaman Clinics, Inc., each and every agent, employee or rider thereof, and the Sponsor or Sponsors named above, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributes, guardians, assigns, heirs, and next of kin, all for purposes herein referred to as "Releasers", for injury, death, or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees, or any employee, servant, agent, or contractor of Releasees.
2. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasers for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasers now have or may hereafter have for injury, death, or damage resulting from my participation in such activities.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my participation in said instruction and training.
4. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees, or any of them, or of any employee, servant, agent, or contractor of Releasees resulting from my participation in said instruction or training.
5. I EXPRESSLY acknowledge that activities involving horses involve INHERENT RISKS which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals.
6. I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BUCK BRANNAMAN CLINICS, INC. AND I SIGN IT OF MY OWN FREE WILL and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

I HAVE READ THS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES.

I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature of Applicant ("Releasor") _____

Guardian for Minor _____

Date _____