

**TREASURE VALLEY WHIPS
CARRIAGE DRIVING CLINIC WITH MERRIE MORGAN
ENTRY FORM – JUNE 4-5, 2022
BIRT ARENA, NAMPA, IDAHO**

Participant Name: _____

Address: _____

Phone number: _____ Email: _____

Horse(s) name(s): _____

Do you have any scheduling preference for lessons? _____.

___ **LESSONS - @ \$100 each (\$130 non-members)** \$ _____

___ **Stall(s) @ \$35** (Three days, two nights) \$ _____
(Stalls must be booked by May 30)

___ **Electrical hook-up @ \$10/night** \$ _____

TOTAL: \$ _____

***PAYMENT MUST BE INCLUDED IN ENTRY TO RESERVE LESSONS;
OTHERWISE ENTRY WILL BE PLACED ON A WAITING LIST
(MAKE CHECKS PAYABLE TO "TVW")***

SEND ENTRIES & ALL FEES TO:

Mary Van De Bogart
12275 Goodson Road Middleton, ID 83644
(208) 949-9774 mary.vandebogart@gmail.com

RELEASE OF LIABILITY

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the Treasure Valley Whips, MERRIE MORGAN or their volunteers, insurers, or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE TREASURE VALLEY WHIPS, MERRIE MORGAN, THEIR VOLUNTEERS, INSURERS OR OTHER AGENTS, FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to any negligent act or omissions of the TREASURE VALLEY WHIPS, MERRIE MORGAN, their volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. **THIS RELEASE OF LIABILITY ALSO EXPRESSLY EXTENDS TO, AND INCLUDES THE OWNERS/PROPRIETORS OF ANY PREMISES OR FACILITY AT WHICH THE EQUESTRIAN ACTIVITY IS HELD.**

Date _____ Participant's signature _____

(Parent/Legal Guardian signature required if participant is under 18)