

Horse Judging Youth Clinic

Saturday, April 7, 2018

REGISTRATION FORM

Deadline for registration is Friday, March 30, 2018.

One registration per person. Copy the form as needed.

Participant Name _____ Birthdate _____

Address _____

Phone _____ Email: _____

Payment postmarked by March 12th:

- _____ \$90/student (includes breakfast, lunch, snacks, judging binder, and a t-shirt)
- _____ \$80/student for groups of 4 or more registered and payment received together (includes breakfast, lunch, snacks, judging binder, and a t-shirt)
- _____ \$50/adult audit (includes breakfast, lunch, snacks, and judging binder)*

Payment postmarked after March 12th but before the deadline:

- _____ \$100/student (includes breakfast, lunch, snacks, judging binder, and a t-shirt)
- _____ \$60/adult audit (includes breakfast, lunch, snacks, and judging binder)*

Payment received the day of the clinic or postmarked after the deadline:

- _____ \$110/student (includes breakfast, lunch, and snacks)
- _____ \$70/adult audit (includes breakfast, lunch, and snacks)*

**Adults who stay to observe will be asked to pay this fee.*

Make check payable to: **University of WI-River Falls**

Amount Enclosed \$ _____

Mail to: Animal Science Horse Youth Judging Clinic
University of Wisconsin-River Falls
410 South Third Street
River Falls, WI 54022

Date Received: _____

Special arrangements will need to have prior approval. Contact Dr. Casie Bass at casie.bass@uwrf.edu or 715-425-4769.

HOLD HARMLESS/INSURANCE CLAUSE/PHOTO RELEASE

I understand that the University may take photographs of clinic participants, audience, and activities. I agree that the University of Wisconsin-River Falls shall be the owner of and may use such photographs relating to the promotion of future clinics. I relinquish all rights that I may claim in relation to the use of said photographs.

If your son, daughter or ward will be under the age of 18 years while at our clinic, it is our policy to secure your consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at an appropriate medical facility. By signing below you are giving your consent in advance for medical treatment.

Furthermore, as a participant in the clinic, I hereby state that I am aware of and accept the risk inherent in the program activity. The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, and the University of Wisconsin-River Falls, their officers, agents and employees, from any and all liability, loss damages, costs or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the clinic. Note that UW-System insurance is a primary insurance policy with limited accident coverage of \$1,000.

This form must be completed and returned with the registration.

Parent/Guardian (if under 18) _____ Phone # _____

Insurance Provider _____ Policy Number _____

Signature of Enrollee _____

Date _____

Signature of Parent or Guardian, if under 18 _____

Date _____