



CONTACT US:

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CREEKSIDEHORSEPARK.COM



MASTERING MOUNTAIN TRAIL

Natural Horse Training Clinic

Come join Kelly Chapman and learn how to master the mountain trail obstacles. Whether you want to compete or just become one with your horse, this is the time to come and learn!

Clinics available for beginners and advanced riders. \$145 Per Rider, \$45 Per Auditor

KELLY CHAPMAN NATURAL HORSE TRAINING MOUNTAIN TRAIL CLINIC

DATES

May 22 Beginner Clinic 9am- 4pm

May 15 Beginner Clinic 9am - 4pm

May 16 Intermediate/Advanced Clinic 9am-4pm

June 5-6 2 Day Beginner Clinic 9am -4pm

7369 Mottice Dr SE, Waynesburg, Ohio 44688



REGISTRATION FORM

Kelly Chapman Mountain
Trail Clinic

Name _____

Address _____

Phone _____ Email _____

May 15 Beginner Clinic	Rider \$145	_____
	Auditor \$45	_____
May 16 Int/Adv. Clinic	Rider \$145	_____
	Auditor \$45	_____
May 22 Beginner Clinic	Rider \$145	_____
	Auditor \$45	_____
June 5-6 2 Days Beginner Clinic		
	Rider \$290	_____
	Auditor \$90	_____
	Total	\$ _____

Clinic Address:

**7369 Mottice Dr SE
Waynesburg, OH 44668**

A light Breakfast and a Lunch is
included in the price for Riders
and auditors

Mail forms/checks to: Creek Side Horse Park 7369 Mottice Dr SE, Waynesburg, Ohio 44688

Pay online @ creeksidehorsepark.com.

****Call/Text Cynthia Bauman 330-323-3559 to make sure there is an opening before sending registration**

No refunds unless clinic is canceled. At tat time refunds will be 100%.

CREEKSIDE HORSE PARK LLC

RELEASE OF LIABILITY BY EQUINE ACTIVITY PARTICIPANT The undersigned, does hereby agree that I am, or my child/ward is, an equine activity participant. **An equine activity participant is subject to the inherent risks of equine activity** as defined in Ohio Revised Code 2305.321, including, but not limited to, any or all of the following:

(a) The propensity of an equine to behave in ways that may result in injury, death or loss to persons or property including the unpredictability of an equine's reaction to sounds, movements, objects, persons or other animals, which proximately causes harm to the equine activity participant.

(b) An equine activity sponsor, equine activity participant, equine professional, veterinarian, farmer, or other person who provides faulty or defective equipment or tack and knows or should know that the equipment or tack is faulty or defective, and the fault or defect in the equipment or tack proximately causes harm to the equine activity participant.

(c) An equine activity sponsor, equine activity participant, equine professional, veterinarian, farmer, or other person provides an equine to an equine activity participant, and fails to make reasonable and prudent efforts to determine his or her ability to safely engage in the equine activity or to safely manage the equine based on the participant's ability; the equine activity participant fails to safely engage in the equine activity or to safely manage the equine; and that failure proximately causes harm to the equine activity participant.

(d) Harm is proximately caused to the equine activity participant by a dangerous latent condition of the land on which, or the premises at which, the harm occurs, and an equine activity sponsor, other equine activity participant, equine professional, veterinarian, farmer, or other person owns, leases, rents, or otherwise lawfully possesses and controls the land or premises and knows or should know of the dangerous latent condition, but does not post conspicuously prior to the time of the harm involved one or more signs that warn of the dangerous latent condition.

(e) An act or omission of an equine activity sponsor, equine activity participant, equine professional, veterinarian, farmer, or other person which constitutes a willful or wanton disregard for the safety of the equine activity participant, and proximately causes harm to the equine activity participant.

(f) An equine activity sponsor, equine activity participant, equine professional, veterinarian, farmer, or other person intentionally causes harm to the equine activity participant.

(G) An equine activity sponsor, equine activity participant, equine professional, veterinarian, farmer, or other person understands all of the park rules, association rules and has read them. Along with understands the risk of illnesses (example Covid-19) if you would come into contact with them.

By signing this written Waiver, I acknowledge that the equine activity participant who is subject of this Waiver, as well as his or her parents, guardian, custodian or other legal representatives, does not have a claim or cause of action upon which a recovery of damages may be based against, and may not recover damages in court or other civil action against, any equine activity sponsor(s), other equine activity participants, equine professionals, veterinarians, landowner(s), or other persons associated with this equine activity, including, but not limited to, Creekside Horse Park LLC, its members, representatives, officers, directors, volunteers, successors and assigns.

I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, including death, that I or my minor child/ward may sustain, as a result of participating in this equine activity. I waive and relinquish all claims I and my minor child/ward may have, or which may accrue, as a result of participating in any equine activity, against the Creekside Horse Park LLC, its members, representatives, officers, directors, volunteers, successors and assigns. I hereby fully release and agree to hold harmless, indemnify and defend the Creekside Horse Park LLC, its members, representatives, officers, directors, volunteers, successors and assigns from any and all claims or liabilities of any kind whatsoever arising out of my participation, or my child/ward's participation, in this equine activity.

I am fully authorized to execute this Waiver on behalf of myself and my child/ward, my, his or her estate and all other persons who may be entitled to claim damages as a result of any harm, loss, injury or death.

I have fully and carefully read and understand this Waiver and do hereby voluntarily execute the same as of the date written below. This document shall be governed by the laws of the State of Ohio.

Participant's Name: _____ Minors DoB: _____ Date _____
(Please print)

Participant's Signature: _____

Participant's Relationship if signing on behalf of a minor/ward: _____

Address: _____

Telephone number: _____