

JENNIE WRIGHT MOUNTAIN TRAIL CLINIC

MAY 11, 2024

JENNIE WRIGHT



May 11, 2024
9am-3pm Approx

Interested in Mt Trail? Not sure what the judge is looking for or not sure how to tell if you are ever in the correct place on the obstacle for the pattern at the shows?

Join Jennie Wright for a fun clinic learning pointers that can be useful at any Mt Trail challenge. Learn where your horses feet are and how to get your horse where they need to be for better scores at the shows.

Seasoned Judge, Jennie, shares how your being judged on at a mt trail challenge



How are you being Judged? Learn Mt Trail

All reservations through Creek Side horse Park

Creeksidehorsepark.com -Registration forms

7369 Mottice Dr SE, Waynesburg, Ohio 44688

330-323-3559

Cost: \$165 a person

\$35 Auditor

Lunch included

Camping \$20 Per night Per Rig

Corrals \$10 per day per horse



REGISTRATION FORM

Jennie Wright

MT TRAIL CLINIC

May 11, 2024

Name _____

Address _____

Phone _____ Email _____

May 11, 2024

\$165 per rider _____

\$35 per auditor _____

(Youth is permitted to have an adult with them on the ground No extra charge)

Clinic Address:

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

Lunch is included

Payment in full is required to hold your space.

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

You can send paypal friends & family to creeksidehorsepark@gmail.com

Forms on website creeksidehorsepark.com

****Text or email to Cynthia Bauman 330-323-3559 to reserve your space while you send your reservations**

No refunds are given unless the clinic is canceled by Creekside. If you have a doctor reason please contact Creekside.

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, farrier, 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, farrier, 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: _____