

*Discover The Experience!*  
**OXBOW STABLES & RIDING CLUB**

**2010 MICHAEL PAGE CLINICS  
 RELEASE & ENTRY FORM**

**PLEASE PRINT**

Rider		
Street		
City	State	Zip
Phone	Cell Phone	E-Mail
Emergency Contact		Phone

**CLINIC DATES**

- |  |   |
|--|---|
| <input type="checkbox"/> Sunday, January 10th  | <input type="checkbox"/> Sunday, August 29th        |
| <input type="checkbox"/> Sunday, February 14th | <input type="checkbox"/> Sunday, October 17th       |
| <input type="checkbox"/> Sunday, April 4th     | <input type="checkbox"/> Sunday, November 28th      |
| <input type="checkbox"/> Sunday, June 27th     | <input type="checkbox"/> Sunday, December 19th      |
| <input type="checkbox"/> Sunday, July 18th     | <input type="checkbox"/> Sunday, January 17th, 2011 |

**ENTRY FEE: \$100**

Includes 1 Audit.  
 Additional Audit is \$20 each

- PAYMENT BY CHECK**  
 Please Make Check Payable  
 to Oxbow Stables Inc.

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Card No <span style="float: right;">Expiration Date</span>
Name
Address
City <span style="float: right;">State      Zip</span>

FEES ENCLOSED	
ENTRY FEE	\$
ADDITIONAL AUDITS ____ @ \$20 each	\$

**TOTAL AMOUNT** \$

**RELEASE OF ALL CLAIMS**

Under NJ law an equestrian area operator is not liable for an injury to or the death of a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to P.L. 1997, c. 287, C:5:15-1 ET SEQ.

The undersigned acknowledges that the handling and riding of horses can be hazardous to both rider and horse, and therefore, willingly and knowingly accepts whatever risks are involved while riding and/or training at the Oxbow Stables, Inc. The undersigned hereby on behalf of himself and his personal representatives releases and forever discharges the Oxbow Stables, Inc.; the Oxbow Raiders 4-H Club; Veron Bowles; Tara Bowles; Bruce Patti; Michael Page; the owners of the horses; and their respective officers; directors; agents and representatives and their successors and assigns, of and from any and all claims and demands of every kind, nature and character which the undersigned may have or may hereafter acquire or which the undersigned's personal representatives may hereafter acquire or have accrued to them, for any and all damages, losses and injuries which may be suffered or sustained by the student, boarder, rider, groom, spectator, horse and/or equipment utilized in connection with the participation of horseback riding at the Oxbow Stables, Inc, and/or the participation in the Michael Page Clinics, the undersigned's association therewith, all traveling to, training for, and return from such clinics; and all such claims and demands are hereby waived and released and the undersigned covenants not to sue therefore.

I understand each provision and agree to be bound by same.

\_\_\_\_\_  
**SIGNATURE OF RIDER**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**  
 (Parent or Guardian must sign if competitor is under 18 years)

\_\_\_\_\_  
**SIGNATURE OF OWNER**

