

Discover The Experience!
OXBOW STABLES & RIDING CLUB

**2011 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 16th | <input type="checkbox"/> Sunday, October 23rd |
| <input type="checkbox"/> Sunday, April 24th | <input type="checkbox"/> Sunday, November 27th |
| <input type="checkbox"/> Sunday, June 19th | <input type="checkbox"/> Sunday, December 18th |
| <input type="checkbox"/> Friday, July 8th | <input type="checkbox"/> Sunday, January 15th 2012 |

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Card No _____ Expiration Date _____
Name _____
Address _____
City _____ State _____ Zip _____

ENTRY FEE: \$110
 No Charge to Audit

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

FEE ENCLOSED \$110

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

