MARY D'ARCY O'CONNELL CLINIC REGISTRATION

MARVIN SAVAGE FARM

Horse Name		(G or M)	HT:	
Rider Name				
Address			_	
City, State, Zip			_	
Phoneemail				
RIDER LEVEL (select one)				
Beg. Novice Novice Pre	liminary	Intermedi	ate	
CLINIC FEES:		Tota	ls:	
Clinic Sat & Sun (Stadium & X/C)	\$275.00	\$ 275.	00	
*Stabling: 1 night/@\$25 night	\$ 25.00	\$	OR	
*Stabling: 2 + nights/@\$20 night =	\$	\$		
Tack stalls and day stalls for haul-ins provided at no charge				
RV Hookup 1 night/@\$25 night	\$ 25.00	\$	OR	
RV Hookup 2 + nights/@\$20 night	\$	\$		
TRAILER SIZE: FT				
Additional Shavings #@ \$8/b	ag	\$		
TOTAL CLINIC FEES CHECK REMITTED \$				
SEPARATE CHECK: Limited number of dress	age riders (6	5)		
Private Dressage Friday (clinic riders only) \$100.00 \$				
Clinic is limited to a maximum of 20 riders. Observing the other groups before and				
after your ride will also be very beneficial and is highly recommended.				
****** All forms available on website www.marvinsavagefarm.com ******				
ALL CHECKS DAVABLE TO MADVIN SAVAGE FARM				
ALL CHECKS PAYABLE TO MARVIN SAVAGE FARM PLEASE MAIL YOUR CLINIC REGISTRATION TO:				
Donna Alley, 170 Brook Hollow Ln., Weatherford, TX 76088-7630				
	-	-		
<u>WITH ALL OF THE FOLLOWING:</u> Separate Total Clinic Fees(Clinic/Stabling/RV Hookup/Shavings) Check #				
Separate Dressage Check (if applicable)		ap/ Silavilig	3) CHECK #	
* Separate \$25 refundable stall cleaning				
MSF Release Form				
Mary D'Arcy O'Connell Release Form				
Copy of negative Coggins (if pending, check here)(can be emailed to MSF)				
Brief Summary (you, your horse, goals) (if you currently ride with Mary check here				
For info, contact: Donna Alley 817-629-5249 Email: marvinsavagefarm@yahoo.com				

Marvin Savage Farm-Release Form

(please print & complete fully) Name Address ____ Vet Phone City, State, Zip Family Dr. Cell Phone _____ Dr. Phone Home Phone _____ Work Phone ______ E-Mail _____ □Please add my e-mail address to mail list Emergency Contact: # _____Emer. Contact Name: _____ Horse(s)_____ Level (circle one) A-I-P-T-N-BN-BN Level 1 (HORSE NAMES) Trainer: (name) Cell Phone_____ Trainer e-mail address: WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES, INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES. RELEASE In consideration of receiving permission to enter upon, use and enjoy the premises known as Marvin Savage Farm, in Weatherford, Parker County, Texas, from time to time, the receipt of such permission being hereby acknowledged, and in further consideration of receiving permission to participate either as an owner, trainer, instructor, student, attendant, participant, or in any other capacity, in any equestrian activity, such as, showing, giving lessons, taking lessons, training, riding, or using equestrian facilities in any fashion, the undersigned hereby releases Marvin Savage Farm and any related or affiliated company or person, and their respective officers, directors, agents, and employees, of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or to any property or animal belonging to the undersigned, while in, on, or upon said premises, or any premises leased to, owned by, or under the control or supervision of any of the above-named entities or individuals. The undersigned also gives permission for themselves, family members, friends, or affiliates to be treated by a physician or a hospital on an emergency basis. The undersigned being fully aware of the risks and hazards inherent in entering upon said premises, and/or in participating in any such equestrian activity held on said premises, hereby elects voluntarily to enter upon the premises, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time that the undersigned or his property or animal is upon said premises. The undersigned hereby voluntarily assumes all risk or loss, damage or injury, including death, sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or any property or animal of the undersigned, while in, on, or upon said premises. This release shall be binding upon the heirs, personal representatives, executors and administrators of the undersigned. Likewise, it shall be binding upon all guests of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and represents that he has read the foregoing release, understands it, and signs it voluntarily, and that he is over eighteen (18) years of age and of sound mind, or the parent or legal guardian of the participant, over eighteen (18) years of age and of sound mind. EQUESTRIAN ACTIVITIES ENTAIL A CERTAIN AMOUNT OF RISK. ENGAGE AT YOUR OWN RISK. □Check here if participant is IF UNDER 18, DATE OF BIRTH: under 18 years old. DATE: SIGNATURE: (If participant is under 18, release must be signed by Parent or Guardian, not by Trainer or Instructor)

September 1, 2021

Mary D'Arcy O'Connell Release Form

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

As further condition of my participation in equine coaching, training and/or educational activities offered by Mary D'Arcy O'Connell and any of her actual or apparent agents/servants/employees, I acknowledge that I am providing my own tack and supplies and my own horse; that neither Mary D'Arcy O'Connell nor any of her actual or apparent agents/servants/employees have made representations concerning the condition of the property on which any equine coaching, training and/or educational activities are to take place; that neither Mary D'Arcy O'Connell or any of her actual or apparent agents/servants/employees have control over such property; and that neither Mary D'Arcy O'Connell or any of her actual or apparent agents/servants/employees have any control over non-participants, spectators or auditors to the equine coaching, training and/or educational activities offered by Mary D'Arcy O'Connell. I further agree to indemnify and defend Mary D'Arcy O'Connell for any claim, lawsuit, demand, obligation, action, cause of action, damages, costs, fees, and expenses incurred by her in connection with, or arising out of property damage, personal injury or death due to my participation in equine coaching, training and/or educational activities offered by Mary D'Arcy O'Connell and any of her actual or apparent agents/servants/employees.

operty damage, personal injury or death due to my participation in equine coaching, training od/or educational activities offered by Mary D'Arcy O'Connell and any of her actual or parent agents/servants/employees.			
Signature, or Signature of Parent or Guardian if Under 18	Printed Name	Date	