

***"Chaps and Chardonnay" Trail Blazing Ranch
Ride or
"Wild West Outpost" Country Couples/Singles
Weekend***



Hosted by:

***Gentle Specialist Katherine Barbarite of
Whispering Hooves, LLC®***

Registration & Liability Waiver Form

Send this Registration & Liability Waiver Form along with your check for total amount to:

Whispering Hooves, LLC® 95 Hunter Ave. Miller Place, NY 11764

Roundup Location: The Hilltop Ranch

Date: _____

Name _____

Rider over 18 yrs of age? Yes / No (Circle One)

Address _____

Phone _____ (h) _____ (c) _____

Email _____

Emergency Contact _____

Where did you hear about this event? _____

*Your check is your confirmation

Giddy Up Gang's Package: \$480.00 per person for Friday, Saturday, Sunday (Special package includes: Accommodations, 6 homemade meals, horses and equipment usage, hot tub, use of facilities)

**15% Gratuities are not included **

GRAND TOTAL _____

Equine Health Requirements:

If bringing your own steed

Proof of Negative Coggins and Rabies shots

IMPORTANT: Horses participating in clinics and rides must be ride able so students can maximize their learning experience. If your horse is unbroken or has serious problems, arrange to use another horse.

Helmets are recommended.

What You Will Want to Bring:

- Wide brimmed cowboy hat
- Athletic shoes or hiking shoes
- Clothing that can be layered
- Lip balm and sunscreen
- Riding boots
- Gloves
- Wind breaker/slicker
- Comfortable blue jeans
- BYOB
- Luck with the cards
- toilet tries

RELEASE and WAIVER: I, THE UNDERSIGNED, HEREBY RELEASE Katherine Barbarite, Whispering Hooves, LLC® their family and heirs, clinic or riding assistants, clinic or ride sponsors, barn owners, managers, employees and auditors, from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives or dependents, on account of or by reason of any injury, loss, or damage, which may be suffered by me or them, or to any property animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever and I hereby assume and accept full risk of danger or any hurt, injury or damage which may occur through or by any reason or any matter, thing, or condition, by any person whatsoever. An additional waiver of liability may be required by the facility hosting this clinic and or ride adventure.

CANCELLATION POLICY:

No refunds will be given.

I, the Undersigned, understand and agree to the terms above:

SIGNATURE:

Participant _____ Date: _____

Participant _____ Date: _____

Guardian (if under the age of 18)

_____ Date _____

*If you have questions or need help filling out the form, call (631) 764-7515 email
Kathy@whisperinghooves.com*