NORTHWEST MICHIGAN DRFT HORSE & MULE ASSOCIATION

At R&K Mampe Farm, 474 McKinley Rd E., Traverse City, MI 49686

Registration Form

Please Print:				
Full Name of Participant:				
Address, City, St, Zip:				
Email:				
Telephone Number:				
	one:			
Make checks payable to NORTHWE Mail to: Tom Cyr, 11177 Plowman CANCELLATION POLI				
August 17- 19 th 2018 (Cost p	per person \$450.00 - \$75.00 fo	or Children) Paid i	n Full by July 1, 2018	
I plan to stay at a mot	el I plan to commute	I plan to o	camp on the grounds	
	Release and Waiver of a	II Claims		
session selected above. I understand to or harm.	hat participation in equine-relate	d activities will exp		
			participation in the Driving School. ssociated with my attendance and	
participation in the Driving School. I further agree that my attendance and participation in the Driving School shall be at sole risk.				
Hill Farm, Dan Hubbell, Hubbell Farm officers, directors, agents, employees, School for any and all claims, causes of of or in any way associated with my attor liability arising out of the negligence	Partnership, Northwest Michig representatives, and successors r action or liability for nay injury, l tendance at or participation in th of the aforementioned persons a	an Draft Horse an nor any of the instructs or damage sust ne Driving School, in and entities.	uctors or participants in the Driving ained or incurred by me arising out	
damage, or expense sustained or inc brought by me, anyone acting on my be	urred by them arising from any ehalf, or anyone else for whom I	such claims, caus have the power to	ses of action, or liability, whether waive.	
understand and agree that this Releas	•	_	ne law of the State of Michigan. I gns, and any personal entity acting	
upon my behalf. It is mutually understood and Michigan Equine Activity Act.	l agree that this release constitu	tes a waiver of lia	bility beyond the provisions of the	
•		derstand them, agi	ree to abide by them, and hereby	
		<u> </u>	2015	
I am at least 18 years old(Sig	gnature)	Date:	, 2015	
Parent ·				
(Sig	gnator for minor child)	····		
Medical Insurance Carrier	Name of Card Holder		Policy No.	

Do you have experience around horses?	
Do you have any driving experience?	
Is there something specifically you want to learn?	
is there something specifically you want to learn:	
How did you learn about the school?	