

NORTHWEST MICHIGAN DRFT HORSE & MULE ASSOCIATION

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

Registration Form for August 16th - 18th 2019

Please Print:

Full Name of Participant: _____

Address, City, St, Zip: _____

Email: _____

Telephone Number: _____

Emergency Contact Person: _____

Emergency Contact Telephone: _____

Make **CHECKS** payable to NORTHWEST MICHIGIAN DRAFT HORSE & MULE ASSOCIATION (**NMDH&MA**)

Mail to: Tom Cyr, 11177 Plowman Rd, Empire, MI 49630-9725

CREDIT CARDS ACCEPTED, SEE BACK OF FORM. PAYPAL - nwmidrafthorse@gmail.com

CANCELLATION POLICY: We require a 30 day notice of cancellation for full refund.

(Cost per person \$450.00 - \$75.00 for Children) Paid in Full by July 1, 2019.

Discount of 50\$ off Adult tuition if paid in full by January 1st, 2019

____ I plan to stay at a motel ____ I plan to commute ____ I plan to camp on the grounds

Release and Waiver of all Claims

I hereby apply to participate in the Driving School to be held at R & K Mampe Farm, Traverse City, MI during the session selected above. I understand that participation in equine-related activities will expose me to associated risks of injury or harm.

I represent that I have no health or physical problems that will interfere with my participation in the Driving School.

I agree that I am responsible for my own safety. I hereby assume all risks associated with my attendance and participation in the Driving School. I further agree that my attendance and participation in the Driving School shall be at my sole risk.

I hereby fully and forever release, discharge, and agree not to sue Bob & Kris Mampe, Wendell Weber D.V.M., Stone Hill Farm, Dan Hubbell, Hubbell Farm Partnership, Northwest Michigan Draft Horse and Mule Association, their owners, officers, directors, agents, employees, representatives, and successors nor any of the instructors or participants in the Driving School for any and all claims, causes of action or liability for nay injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Driving School, including all claims, causes of action or liability arising out of the negligence of the aforementioned persons and entities.

I agree to indemnify and old harmless Driving School sponsors, their agents, or representatives from any loss, damage, or expense sustained or incurred by them arising from any such claims, causes of action, or liability, whether brought by me, anyone acting on my behalf, or anyone else for whom I have the power to waive.

I agree that this agreement shall be construed and interpreted according to the law of the State of Michigan. I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns, and any personal entity acting upon my behalf.

It is mutually understood and agree that this release constitutes a waiver of liability beyond the provisions of the Michigan Equine Activity Act.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver.

I am at least 18 years old. _____ Date: _____, 2019

(Signature)

Parent : _____

(Signator for minor child)

Medical Insurance Carrier

Name of Card Holder

Policy No.

Please Circle
Below, The
Type of Card
You'll Be
Using and
Provide
Information
in the Box
to the Right:

- Mastercard
- Visa
- American Express
- Discover
- Debit

CREDIT CARD	
ACCOUNT NUMBER: _____	
EXP DATE: _____ / _____	3 DIGIT SECURITY NO: _____ (LOCATED ON THE BACK OF CARD)
CARD HOLDER NAME: _____ (Exactly as printed on card)	
BILLING ADDRESS: _____ _____ _____	
PHONE: (_____) _____ - _____	FAX: (_____) _____ - _____
SIGNATURE: _____	DATE: _____

Do you have experience around horses? _____

Do you have any driving experience? _____

Is there something specifically you want to learn? _____

How did you learn about the school? _____

