

**NORTHWEST MICHIGAN DRAFT HORSE & MULE ASSOCIATION**  
**At R&K Mampe Farm, 360 McKinley Road E., Traverse City, MI 49686**

**Registration Form for August 19<sup>th</sup>, 20<sup>st</sup>, 21<sup>st</sup> 2022**

Please Print:

Full Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ EMAIL \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Make checks payable to NORTHWEST MICHIGAN DRAFT HORSE & MULE ASSOCIATION (NMDH&MA)

**Mail to:** Susan Zenker, 4700 Wallaker Rd, Benzonia, MI. 49616

**CREDIT CARDS ACCEPTED, SEE BACK OF FORM.** PAYPAL – [nwmidrafthorse@gmail.com](mailto: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, 2022

Discount of 50\$ off Adult tuition if paid in full by January 1<sup>st</sup>, 2022

\_\_\_\_ 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 have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

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 am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case at risk of contracting COVID-19.

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 any 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 hold 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 agreed that this release constitutes a waiver of liability beyond the provisions of the Michigan Equine Activity Act which states: Except as otherwise provided in Section 5, an equine activity sponsor, an equine professional or another person is not liable for an injury to or the death of a participant or property damage resulting from an inherent risk of an equine activity. Except as otherwise provided in Section 5, a participant or participant's representative shall not make a claim for, or recover civil damages from an equine activity sponsor, an equine professional, or another person for injury to or the death of the participant or property damage resulting from an inherent risk of an equine activity.

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: \_\_\_\_\_

(Signature)

Parent \_\_\_\_\_

Signator for minor child

Medical Insurance Carrier

Name of Card Holder

Policy No.

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:

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Do you have any driving experience:

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Is there something specifically you want to learn:

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