



Dressage Weekend at Horses for Healing!

Rider and Auditor Registration Form

May 27 and May 28 we will be hosting an education-packed weekend at Horses for Healing! Clinics will be offered both days, and auditors are welcome! We kindly request auditors to consider making a donation to Horses for Healing; your generous gift will go towards scholarships for therapeutic riders who may not otherwise be able to participate.

About the Clinicians:

- Christian Garweg has been a successful competitor up to and including Grand Prix in Germany and North America, was Canadian Champion twice, and regularly advises clients all over the globe, coaching many successful professional and amateur riders alike. He enjoys working with young horses, and has an uncanny ability to understand the individuality of each horse. Christian's attention to detail is unparalleled, and often demonstrates that the most subtle changes can create 'light bulb' moments to both horses and riders.
- Sherry Guess is one of the first trainers in the US to recognize the importance of rider biomechanics and its impact on effective riding, and offers opportunities to her riders to improve themselves while also allowing the natural abilities of the horses to flourish.

Please mark your selection below:

- ☐ I would like to ride with Sherry Guess on May 27th! *\$60 fee payable to Sherry Guess; Stabling is available at \$30, payable to Horses for Healing.*
- ☐ I would like to ride with Christian Garweg on May 28th! *\$160 fee payable to Christian Garweg; Stabling is available at \$30, payable to Horses for Healing.*
- ☐ I would like to ride with both clinicians! *\$220 total, fees listed above payable to each clinician; Stabling fee waived if you'd like to stay overnight and ride in both clinics!*
- ☐ I would like to audit: ____ Saturday (and/or) ____ Sunday! *We will plan to have light snacks and beverages available. Please let us know if you plan to audit!*

Rider / Auditor Name: _____

Address/City/Zip: _____

Phone: _____ **Email:** _____

Photo Release:

I ____ DO ____ DO NOT consent to and authorize the use and reproduction by Horses for Healing of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Rider, Parent or Legal Guardian (18 and over)

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property, I authorize Horses for Healing to:

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Provide this form consenting to medical treatment upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

THIS AUTHORIZATION INCLUDES ANY TREATMENT PROCEDURE DEEMED "LIFE SAVING" BY THE PHYSICIAN. THIS PROVISION WILL ONLY BE INVOKED IF THE PERSON LISTED BELOW IS UNABLE TO BE REACHED.

Emergency Contact, name and phone number:

Preferred Medical Facility:

Health Insurance Company:

Signature: _____ Date: _____

Rider, Parent or Legal Guardian (18 and over)

Liability Release

_____ (Rider's Name) would like to participate in a special event / arena use at the Horses for Healing program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, heirs and assigns, executors or administrators, waive and release forever all claims for damages against Horses for Healing, its Board of Directors, instructors, therapists, aides, volunteers, independent contractors or clinicians and/or employees for any and all injuries and/or losses I may sustain while participating at the Horses for Healing program.

By signing below, the undersigned asserts that they have read, understand and agree to abide by the Barn Rules, and acknowledge the Arkansas EALA A.C.A. § 16-120-201 – 202. Under Arkansas law, an equine activity sponsor, livestock activity sponsor, livestock owner, livestock facility, and livestock auction market are not liable for an injury to or the death of a participant in equine activities or livestock activities resulting from the inherent risk of equine activities or livestock activities.

Signature of Rider: _____ Date: _____

Or parent / guardian if rider is under 18 year of age

Signature of Owner: _____ Date: _____

Or parent / guardian if owner is under 18 year of age / if different than rider

We Hope To See You At Horses for Healing! 14673 Daniels Rd, Bentonville AR 72917

Please email registration to megan@horsesforhealingnwa.org

