



1/26/19: Dressage at Horses for Healing!

Rider and Auditor Registration Form



**About our guest clinician, Wanja Gerlach:**

Since moving to the US, Wanja has earned his USDF Gold, Silver, and Bronze medals, with qualifying scores on a variety of horses that he has trained and campaigned (more than 50 competition horses!). Currently he has several young horses in training that he is actively competing, as well as horses he is showing through the GP. Prior to coming to the States, Wanja earned all three riding badges (dressage, jumping, and theory) in the German Abzeichnen System, where he was put through a full examination by licensed judges. In Europe, he was rated to judge through the PSG level, and still enjoys judging here in the US as well. His ability to discuss theory, and what riders can do to best set their horses up for success (either as competitive horses for your enjoyment, or as sales horses for future clients) makes Wanja an asset to the dressage world. We are lucky that he has decided to clinic with us, and hope you take advantage of this exceptional opportunity!

Please mark your selection below:

- ☐ I would like to ride with Wanja on Saturday January 26<sup>th</sup>, 2019. *\$80 fee payable to Wanja Gerlach. Day use of a stall is available at \$30, payable to Horses for Healing. Ride times will be assigned on 1/23/19. Please reserve your space with us today!*
- ☐ I would like to audit: *We will plan to have light snacks and beverages available. Please let us know if you plan to audit so that we can plan for enough to eat and drink!*

**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 72713**

Please email your completed registration to [megan@horsesforhealingnwa.org](mailto:megan@horsesforhealingnwa.org).  
Checks can be mailed to hold your spot, or you can call Megan at 479-795-0570 to process payment by card.  
We look forward to seeing you!