

Civilian De-spooking Clinic

March 25, 2017

REGISTRATION FORM

Please complete the **Registration/Hold Harmless Release/Photo Release** and mail with payment to:

Friends of the Mounted Patrol Oxford
715 Molly Barr Rd
Oxford, MS 38655

School coordinator: David Misenhelter
Email: dmisenhelter@oxfordpolice.net

Section 1: Rider Information

Last Name:		First:			
Street Address:			Cell Phone #: ()		Home Phone #: ()
City:		State:	ZIP Code:		
Email:		Health Coverage Company:		Policy #:	
Emergency Contact Name:	Phone: ()	Relationship:			

Section 2: Horse Information

Name:			Breed:	Height:	Additional information you'd like us to know about you or your horse?
Sex:	Age:	Previous Sensory Training? Yes or No	Location of Training?		

Section 3: Fee Information

If you are unable to attend, communication must be made one week prior to clinic or the fee will be forfeited.

Tuition
\$150

Audit
\$50

Enter Total Below:

Payment Choices:

Check or money order payable to "Friends of the Mounted Patrol Oxford"

Check #

Tuition/Audit Fee: \$

I understand the following:

An ASMT/SEI helmet is required at all times while on horseback.

A negative coggins reports with a date of March 25, 2016 or later is required and must be shown at check-in.

Participant signature

Date

Photo Release

I consent that any photographs, video, film, and other pictures furnished by me, or taken of me in connection with my training with the Oxford Police Department Mounted Unit or at any Oxford Police Mounted function or its students participate, can be used for publicity, promotion, television, and/or commercial use.

I hereby release to the Oxford Police Department and/or Friends of the Mounted Patrol Oxford all rights to use such photographs, video, film, and other pictures, and to use my name in connection there-with, and I waive any and all compensation in regard there to.

Signature: _____

Date: _____

The City of Oxford Police Department, Friends of the Mounted Patrol Oxford, and Nancy Dabney Release and Hold Harmless

I UNDERSTAND AND ACKNOWLEDGE THAT THE CITY OF OXFORD POLICE DEPARTMENT, FRIENDS OF THE MOUNTED PATROL OXFORD, NANCY DABNEY AND/OR THEIR REPRESENTATIVES RECOMMEND: PARTICIPANTS, VISITORS, AND GROUND ASSISTANTS WEAR SAFETY APPROVED HELMETS', GLOVES AND RIDING BOOTS WHILE ATTENDING HORSE RELATED ACTIVITIES.

I FURTHER UNDERSTAND IN CONSIDERATION FOR RECEIVING EQUINE TRAINING FROM THE CITY OF OXFORD POLICE DEPARTMENT, FRIENDS OF THE MOUNTED PATROL OXFORD, NANCY DABNEY ANY PERSONS INVOLVED IN SPONSORING, JUDGING, TEACHING OR HOSTING THIS EVENT WILL NOT BE LIABLE FOR ANY ACCIDENT, LOSS, DAMAGE, OR INJURY THAT MAY OCCUR TO ANY COMPETITOR, PARTICIPANT, STUDENT, HORSE, GROOM, VISITOR, AUDITOR, OR SPECTATOR SUSTAINED WHILE AT ANY THE CITY OF OXFORD POLICE DEPARTMENT, FRIENDS OF THE MOUNTED PATROL OXFORD, NANCY DABNEY SPONSORED, SANCTIONED OR HOSTED, EVENT AND / OR SEMINAR.

I ALSO ACKNOWLEDGE AND UNDERSTAND THAT THERE ARE INHERENT RISKS, DANGERS AND OR CONDITIONS ASSOCIATED WITH HORSE RELATED ACTIVITIES AND I ASSUME RESPONSIBILITY FOR MY OWN SAFETY, AND AGREE TO INDEMNIFY, PROTECT, SAVE AND HOLD HARMLESS THE INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS OR HOST FROM ANY LIABILITY, ACTION OR CLAIM FOR ANY ACCIDENT, DAMAGE, LOSS OF PROPERTY, INJURY, ILLNESS OR DEATH TO THE UNDERSIGNED, OR ANY HORSES OWNED OR UNDER MY CUSTODY CARE, OR TO ANY FAMILY MEMBER, SPECTATOR OR OTHER PERSON ACCOMPANYING THEM ONTO THESE PREMISES. I

I UNDERSTAND THE INHERENT RISK AND DANGERS INVOLVED IN EQUINE ACTIVITY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING CONDITIONS:

THE HORSE'S PROPENSITY TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, HARM OR DEATH TO PERSONS ON OR AROUND HORSES.

THE UNPREDICTABILITY OF A HORSE'S REACTION TO HAZARDS SUCH AS SUDDEN MOVEMENT, SOUNDS, SURFACE AND SUBSURFACE CONDITIONS, COLLIDING WITH ANOTHER ANIMAL(S), HORSES, PEOPLE AND OTHER FAMILIAR OR UNFAMILIAR OBJECTS.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THE HORSE AND RIDER WILL BE PLACED UNDER STRESSFUL CONDITIONS THAT MAY INCLUDE, BUT NOT LIMITED TO THE FOLLOWING: UNEXPECTED LOUD SOUNDS: SIRENS, GUNFIRE, FIREWORKS AND OTHER LOUD NOISES, OR INCENDIARY DEVICES SUCH AS SMOKE, FLAMES, FLARES, ETC EXPOSURE TO CROWDS, DEMONSTRATORS WITH PICKET SIGNS AND OTHER HAND CARRIED DEVICES, TRAVERSING UNUSUAL SURFACES INCLUDING BUT NOT LIMITED TO WALKING ON BLANKETS, WOODEN SURFACES, NEWSPAPERS AND PLASTIC.

I HAVE READ AND UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE. THIS WILL BE INCORPORATED AS A CONDITION OF ADMITTANCE OR ENTRY TO THIS TRAINING, COMPETITION, OR SEMINAR. THE CITY OF OXFORD POLICE DEPARTMENT, FRIENDS OF THE MOUNTED PATROL OXFORD, NANCY DABNEY POLICE TRAINING COMPETITION INSTRUCTORS, ASSISTANTS, JUDGES, SPONSORS, AGENTS AND HOSTS ARE RELEASED FROM ALL LIABILITY.

THIS RELEASE OF LIABILITY CONSTITUTES A WAVER OF LIABILITY ABOVE AND BEYOND PROVISIONS OF THE EQUINE ACTIVITY LIABILITY ACT OF MISSISSIPPI, WHICH STATES AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT INVOLVED IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF THE EQUINE ACTIVITY.

PRINT FULL NAME

SIGNATURE

DATE

EMERGENCY CONTACT NAME AND PHONE NUMBER