

Kathryn Bauman Clinic

Horse Information

Name of horse: _____

Age of Horse: _____

Level of training: _____

Breed of Horse: _____

Release Form

The undersigned Participant, owner and any signing parent or guardian hereby (1) agree to release the management of this event and the owners.. Clinician/Instructor or managers of the grounds where this event is held, from loss, damage, liability, or injury arising out of or resulting from this event or Participant participation or entry therein; (2) agrees to indemnify, hold harmless and defend; the organizer, facility owner, and the management of this event from and against any and all claims for loss, damage, or injury, however caused, resulting directly or indirectly from Participant's entry or participation in this event or from acts or omissions of Participant or Participant's agents; and (3)acknowledges that activities with and around horses and horse shows involve inherent risks which are understood by the persons signing and are expressly assumed, in the event of injury to the Participant or to Participant's animal or animals, permission in hereby granted to management for emergency medical treatment.

WARNING: Under Kentucky law an equine professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Kentucky code annotated Title 44, Chapter 20, Section 1.

DOB of U12/Junior: _____

Name Signature of rider/ parent: _____

Print Name: _____ Address: _____

Phone Number: _____

Signature of owner: _____ Date: _____

Email Address: _____

Make check payable to Kathryn Bauman

Send checks to Petra Anderson 3353 Kirkwood Rd., Clarksville, TN 37043