

Cavvietta Quarter Horse & Cattle Company

Ranch Rodeo Clinic

Registration Form

Full Name: _____ Nickname: _____

Participant Date of Birth: _____

Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____

Emergency Contact: _____

Contact phone number: _____

Riding Ability/experience: _____

Please circle payment method of **non-refundable** deposit below.

PayPal (FRIENDS and FAMILY): \$50

Check: \$50

PayPal FRIENDS AND FAMILY option
Gracie@cavvietta.com

Please make checks payable to:
Cavvietta Quarter Horse & Cattle Co.
6131 Town Creek Rd.
Elm City, NC 27822

*If you send via goods and services, there will be a
\$5.00 fee.

Date Paid: _____

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to
or the death of a participant in equine activities resulting exclusively from the inherent risks
of equine activities. Chapter 99E of the North Carolina General Statutes.

Cavvietta Quarter Horse & Cattle Company

Waivers and Informed Consent: By signing this form, I permit Cavvietta Quarter Horse & Cattle Co. to use pictures of me as a program participant in promotional literature, videos, and the Cavvietta Quarter Horse & Cattle Co. website and social media accounts. I understand my name will not be published. I, _____ (“Participant”), hereby assume all risks and hazards incidental to the conduct of the activities at Cavvietta Quarter Horse & Cattle Co. and transportation to and from the activities. I am fit for the program(s) in which I have enrolled. I **HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY PARTICIPANT MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY PARTICIPANT BECAUSE OF MY PARTICIPANT’S PARTICIPATION IN ANY CAVVIETTA QUARTER HORSE & CATTLE CO. PROGRAMS , WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY PARTICIPANT REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY PARTICIPANT’S PARTICIPATION IN ANY CAVVIETTA QUARTER HORSE & CATTLE CO. PROGRAM(S). I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING CAVVIETTA QUARTER HORSE & CATTLE CO., THE OWNERS OF THE PROPERTY, THE REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY “RELEASEES”) FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY PARTICIPANT ENGAGES DURING THE SUMMER CAMP AT CAVVIETTA QUARTER HORSE & CATTLE CO., REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING. I understand that no insurance coverage for participants in these activities is provided by the Cavvietta Quarter Horse & Cattle Co. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the Cavvietta Quarter Horse & Cattle Co., I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.**

Signature: _____ Date: _____

Printed Name: _____

Cavvieta Quarter Horse & Cattle Company

HELMET RELEASE WAIVER It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injury should the rider fall or be thrown from his/her horse. It is, therefore, the policy of Cavvieta Quarter Horse & Cattle Company and it's assigns, that safety riding helmets will be worn at all times when riders are mounted on a horse. I, _____, being fully aware of that policy and the reason for it, chose of my own free will, that my participant will NOT to wear a safety riding helmet. In taking this action, I hold Cavvieta Quarter Horse & Cattle Company, it's assigns, and their insurer free of any liabilities for injuries that my participant may receive as a result of my actions and failure to wear a safety riding helmet.

RIDER Signature: _____

Date: _____

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Cavvieta Quarter Horse & Cattle Company

Equine Activity Release and Hold Harmless Agreement For Ranch Rodeo Clinic

1. I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Cavvieta Quarter Horse & Cattle Co. (Company), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with that Company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by Cavvieta Quarter Horse & Cattle Co.
3. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
4. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.
5. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Date: _____

Person voluntarily entering into this Release and Hold Harmless Agreement:

_____ (Signature)

_____ (Printed Name)

If minor, person representing himself/herself as the lawful Guardian under this Release and Hold Harmless

Agreement: _____ (Signature)

_____ (Printed Name)

For Company: _____ (Signature)

“WARNING”

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