

**Friends of Sunset Farm**  
 Cross Country Jumping Clinic  
*at*  
**Sunset Farm Park**  
 October 1, 2016  
**Clinician: Meg Finn, Mt Vernon, WA**

**Small group cross country jumping lessons**  
*(Please, no dogs at this clinic!)*

*Helmets, boots w/ heels and body protective vests are required on x-country (if you don't have a vest, sharing can be arranged)*

*Please Print*

Riders Name: \_\_\_\_\_ Rider Age: \_\_\_\_\_

Horse Name \_\_\_\_\_ Horse Age: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

My horse and I are comfortable jumping **maximum** :

\_\_\_x-poles \_\_\_ 18" \_\_\_ 2' \_\_\_ 2'3" \_\_\_ 2'6" \_\_\_ 2'9" \_\_\_ 3' \_\_\_ 3'3"  
*(Sunset Farm's Cross Country Course has jumps from 18" to Training Level – 3'3")*

My dressage level is Intro \_\_\_\_\_ Training \_\_\_\_\_ First \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_

Have you competed at eventing? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ (Level? \_\_\_\_\_)

Any particular issues you would like the instructor to know about? \_\_\_\_\_

\_\_\_\_\_

Small group Lesson Fee.....	\$50	=	_____
Facility Fee (only for NON members of FOSF).....	\$15	=	_____
Total enclosed ---	\$		_____

**Checks payable to Friends of Sunset Farm.**  
**Mail to: Robbie Harris, 3800 Bay Rd., Ferndale, WA 98248**

**Questions? Email Robbie [info@friendsofsunsetfarm.org](mailto:info@friendsofsunsetfarm.org) or call 360.319.1138**  
**Space is limited, send your entry ASAP! Auditors welcome, no charge!**

**Liability Release for the " Cross Country Jumping Clinic" October 1, 2016**

**Sunset Farm Park  
7981 Blaine Rd.  
Blaine, WA 98230**

**Liability Release:**

This entry at this clinic shall constitute an agreement and affirmation that all participants (which include, without limitation the owner, lessee, trainer, manager, trainer, agent, coach, rider and handler of the horse) for themselves, their principles, representatives, employees and agents: 1. Shall be subject to the rules of this activity. 2. Represent that every horse and rider is eligible as entered. 3. Agree to be bound by the rules of this activity. 4. Agree that they participate voluntarily in the activity, fully aware that horse sports and jumping in particular involve inherent risk of serious injury or death, and by participating, they expressly assume any and all risks of injury or loss, and they agree to indemnify and hold harmless the Friends of Sunset Farm, Whatcom County, Whatcom County Parks and Recreation Department, Meg Finn, their agents, employees or anyone acting as their agent, the clinic and it's officials, directors, volunteers and agents, from and against all claims including any injury or loss suffered during or in connection with the activity, whether or not such claim, injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, or agents of the clinic. Participant also agrees that if any legal action related to this activity occurs, that it will be brought to bear in Whatcom County, Washington.

**Permission for minor to participate:** I hereby consent to the entry of my child \_\_\_\_\_ in this activity, and certify that I have read the foregoing representations and that this may be deemed a part hereof, and I hereby accept full legal, moral and financial responsibility now and in the future for the participation of said minor.

Signature: \_\_\_\_\_ PrintName: \_\_\_\_\_  
(Parent/guardian if rider is a minor)

Name of responsible adult (if not parent/ guardian) \_\_\_\_\_ Date \_\_\_\_\_

**[www.friendsofsunsetfarm.org](http://www.friendsofsunsetfarm.org)**