



P.O. Box 533  
 Pasadena, CA. 91102  
 www.rosebowlriders.org

**Melanie Smith Taylor Jumping Clinic - December 9-10, 2017**  
*2 hour sessions each day, grouped by experience/height. Breakfast/Lunch available on site.*

Riding experience + jumping height:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fees:**  
 \$300 – RBR members / Pasadena residents  
 \$350 – Non-members / non-Pasadena residents  
 Overnight stabling available on request

**CLINIC FEES**.....\$ \_\_\_\_\_

**STABLING FEES: inquire with Katherine Ginzton 818-516-5008**.....\$ \_\_\_\_\_

**TOTAL FEES**.....\$ \_\_\_\_\_

*PLEASE MAKE ALL CHECKS PAYABLE TO "ROSE BOWL RIDERS"*

Recognizing and agreeing that horse sports may be DANGEROUS AND HAZARDOUS ENDEAVORS, EVEN LEADING TO PERMANENT INJURY OR DEATH, the undersigned, as owner, rider, spectator or other participants and/or parent or legal guardian of owner, rider, spectator or other participant, (Collectively "owner") knowingly and expressly ASSUMES ANY AND ALL RISKS or loss of bodily injury and AGREES TO HOLD HARMLESS, REGARDLESS OF NEGLIGENT ACTS OR OMISSIONS, Tom Sawyer Camps, Inc., City of Pasadena and Rose Bowl Riders, Inc., its organizing committee, director, members, agents and employees, and any instructor of Rose Bowl Riders, Inc. and his or her employees, or employees thereof, (Collectively Rose Bowl Riders, Inc.) Each owner shall indemnify Rose Bowl Riders, Inc. against all claims or demands of any nature that may grow out of an injury occasioned by a horse or arise from the negligence of the person(s) in charge of such horse.

In addition to the above ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT, the undersigned knowingly and expressly RELEASES Rose Bowl Riders, Inc. OF ANY ACTS OF NEGLIGENCE, WHETHER ACTIVE OR PASSIVE. This agreement is made on behalf of the undersigned, and any guest of relative of the undersigned, including minor children or wards thereof. The agreement to HOLD HARMLESS shall include the payment of any attorneys' fees, and shall include the reimbursement to Rose Bowl Riders, Inc. arising out of the loss or damage to the property of the undersigned, including any guests, relative, minor children, or wards thereof, from any cause whatsoever.

THE UNDERSIGNED RECOGNIZES AND AGREES THAT BY EXECUTING THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, HE OR SHE IS WAIVING AND RELEASING VALUABLE LEGAL RIGHTS.

**Risk of loss:** During the time that said horse is on the property of Rose Bowl Riders, Inc., Rose Bowl Riders, Inc. shall not be liable for any sickness, disease, estray, theft, death, or injury which may be suffered by the horse or any other cause of action, whatsoever, arising out of being connected in any way with the boarding of said horse. This includes but is not limited to, any personal injury or disability the horse may receive while on Rose Bowl Riders, Inc. premises.

**Emergency Care:** Rose Bowl Riders, Inc. agrees to attempt to contact the OWNER/RIDER should Rose Bowl Riders, Inc. feel that medical treatment is needed for said horse but, if Rose Bowl Riders, Inc. is unable to contact OWNER/RIDER, Rose Bowl Riders, Inc. is then authorized to secure emergency veterinary and blacksmith care required for the health and well being of said horse. All costs for such care secured shall be paid by OWNER/RIDER, and Rose Bowl Riders, Inc. is authorized, as OWNER/RIDER's agent, to arrange direct billing to the OWNER/RIDER.

**Restriction of Horses:** No Stallions of any age or pregnant mares or mares with foal will be permitted to be boarded.

**Damages:** OWNER/RIDER agrees to be charged by Rose Bowl Riders, Inc. for any damages said horse or they themselves cause to the Rose Bowl Riders, Inc. property during their stay.

**Horse**

Name \_\_\_\_\_ Height \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Markings \_\_\_\_\_

**Owner /Rider**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Send form & payment to secure your spot:  
 Rose Bowl Riders, Inc.  
 P.O. Box 533  
 Pasadena, CA 91102

You will receive a confirmation call upon our receipt of this form and payment of non-refundable\* \$100 deposit  
 \*refundable only with veterinarian's note