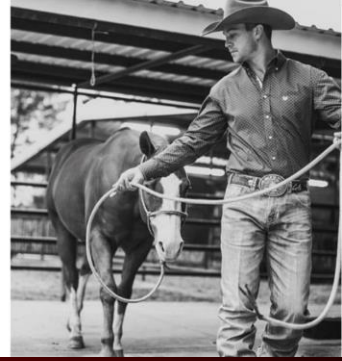




Cole Cameron

Clinic • January 11, 2019



EXTREME COWBOY RACE & HORSEMANSHIP CLINIC

Cole has worked under many reputable trainers of multiple disciplines including Cutting, Reining, and Cow Horse.

Cole's father is the founder of the Extreme Cowboy Association and the sport of Extreme Cowboy Racing. As well as working alongside his father, Cole travels internationally as a clinician encouraging and motivating all levels of riders.

This clinic will focus on building confidence in horse and rider. Exercises will be tailored specifically for each individual to meet goals and achieve success.

WHEN: Friday, January 11, 2019
TIME: 9:00 a.m. – 5:00 p.m.

WHERE: Florida Horse Park,
11008 S Hwy 475, Ocala, FL 34480

For more information, contact
southernobstaclechallenges@gmail.com

Cost:
\$150.00 - Horse & Rider
\$50.00 – Audit Only

Limited availability!
Spot will not be held without payment.

SOCA Extreme Cowboy Race Clinic Entry & Release Form – 1/11/19
(one must be signed by each participant and mailed with fees to hold spot)

NAME _____ HORSE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

FEES: HORSE & RIDER _____ \$150.00 AUDIT ONLY _____ \$50.00

Mail to: SOCA, PO Box 1479, Bushnell, FL 33513

I understand horseback riding & related activities are very dangerous & involve the risk of serious injury &/or death, &/or property damage, including injury &/or death to horses, spectators & others. I understand that our horse(s), by being on Florida Horse Park property, may be exposed to harmful bacteria & viruses, & I assume the risk of possible exposure. Attempting obstacles and participating in obstacle challenges can be dangerous and involve the risk of serious injury or death. Accordingly, I agree any activity engaged in by me while participating in activities with the Southern Obstacle Challenge Association and Florida Horse Park will be done at my own risk. Accordingly, I release & agree to hold harmless the Southern Obstacle Challenge Association and Florida Horse Park, the lessees, their officers & directors & the owner of the property & any & all persons or entities who are guarantors or indemnitors of the above, all agents, employees, & promoters, sponsors, other riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called "Releasees") for all liability for negligence or otherwise. I assume full responsibility for the risk of bodily injury, illness, death of myself &/or horse(s), & any other property damage due to the negligence of Releasees or otherwise while on premises or engaged in horseback riding related activities, &/or while training, riding, competing, officiating, observing, teaching, working for, or for any purpose related to horseback riding, eventing or participating as a rider or spectator in such activities. I agree not to sue any Releasees & I release & agree to indemnify Releasees from & for all liability for the undersigned, his/her person, representatives, assignees, heirs, & demands therefore on account of injury to the person, or property or death of the undersigned whether caused by negligence of the Releasees or otherwise. I agree that this Release, Waiver & Indemnity Agreement is intended to be as broad & inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue in full force & effect.

I have read & voluntarily signed the Release & Waiver of Liability & Indemnity Agreement & further agree that no oral representations, statements or inducements, apart from the foregoing written agreements, have been made nor shall be made except by a written and signed Addendum.

WARNING: Under Florida 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 from the inherent risks of equine activities.

Signature of Rider (19 or older) Date Signature of Parent or Guardian (18 & under)

Printed Name of Rider Printed Name of Parent or Guardian