



**K. T. E. A.**  
**Cross Country Jumping Clinic**  
 With



**Elizabeth Englert**

**Sunday, June 7<sup>th</sup>, 2009 at Rojas Ranch**

**Entry Form**

**One Form per Horse/Rider (Closing Date May 30<sup>th</sup>)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (if <18) KTEA Member? \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Horse: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
 Level of jumping: \_\_\_\_\_ 18' \_\_\_\_\_ 24' \_\_\_\_\_ Higher  
 Time preference: \_\_\_\_\_ Attending Stadium Jumping Clinic Yes \_\_\_\_\_ No \_\_\_\_\_  
 Horse and Rider experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Riding times and groups will be available by phone at (615) 746-4308 or by email on June 3<sup>th</sup> and times posted on KTEA Website also [www.KTEA.org](http://www.KTEA.org)

**Groups will depend on the number and level of riders. We will try to match riders by level and age if possible.**

**Clinic \$40 members \$50 non-members. If doing Both Clinics \$70 members \$90 non-members  
 Make Checks Payable to K.T.E.A.**

**\*\*\* RIDING VESTS, HELMET AND APPROPRIATE FOOT GEAR REQUIRED \*\*\***

The undersigned Individual(s) and any signing parent or guardian hereby (1) agrees to release The K.T. Equestrian Association, Inc. the management and/or organizer(s) of any event, its officers, directors, employees, or agents, and the owners or managers of the grounds where any event is held, from any loss, damage, liability or injury or death to person or property sustained by participant arising out of or resulting from any event or Individuals participation or entry therein and (2) acknowledges that activities with and around horses involve inherent risks which are understood by the persons signing and are expressly assumed. I understand that some of the risks involved with a participating might include, but are not limited to falling from vehicle or off horse, being stepped on, getting kicked, and/or accidents and injuries resulting from hazards from driving surfaces, the condition of equipment or tack, and/or the inability to predict a horse's reaction to given conditions of event. The Participant assumes all risks and accepts responsibility for making any and all examinations and inspections relating to all risks and understands that The K.T. Equestrian Association, Inc. the property owners, agents and representatives have no responsibility to make such examination or inspections. In the event of injury to Participant or to Participant's animals, permission is hereby granted to management for emergency medical treatment.

**WARNING - Under Tennessee Law an Equine Professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to Tennessee Code annotated, Title 44, Chapter 20, Part 1.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent or Guardian if Minor \_\_\_\_\_

**Mail To: Rojas Ranch, 2571 Henry Gower Rd., Pleasant View, TN 37146**