

**POOLE TRAINING CENTER RELEASE FORM  
AND EASTER DRIVE ENTRY FORM**

**Saturday, April 10<sup>th</sup>, 2014**

I, \_\_\_\_\_, recognize that there are certain risks that are inherent in being in the presence of livestock and more specifically in riding, driving, and taking instruction on and with horses. I do here by personally assume all the special risk and responsibilities that go with this type of activity and or instruction. For and in consideration for allowing me or my child to be present as an observer, to take horse back riding instruction or driving instruction or any riding or driving to take place on Poole Training Center property. I agree in any case to indemnify and hold harmless Poole Training Center, Blanchard Poole, Debbie Poole, and any of their agents, representatives, employees, visitors or anyone else for any loss or damage to myself, child or any person with me, any horse or mule, or any equipment that I might have while on or off the premises of Poole Training Center property. I agree that I will pay any costs and attorneys' fees to defend this indemnification against any claims, demands, actions, or legal action(s) arising out of any of the events described heretofore. I understand that there is no insurance protection provided to me in the event of injury and I waive all rights to make any claims against any party in the event of injury or death.

**WARNING**

**UNDER SOUTH CAROLINA LAW, ANY EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.**

I hereby bind myself and my heirs as to the terms contained herein and agree that this agreement shall apply to this or any future visits to Poole Training Center property.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ HORSE'S NAMES \_\_\_\_\_

COGGINS DATE \_\_\_\_\_

PH HOME \_\_\_\_\_ PH WORK \_\_\_\_\_ FAX \_\_\_\_\_

CELL \_\_\_\_\_ E-Mail \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MINORS NAME'S \_\_\_\_\_

Entry Fee Schedule:

Advance Registration	\$25 per entry
Day of Registration: April 19th	\$30 per entry

FEE DUE FOR RING RIDING OR TRAIL RIDING: \$30.00 PER HOUR SEE DEBBIE FOR CURRENT LESSON FEES  
A CURRENT NEGATIVE COGGINS MUST BE PRESENTED

**FOR OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_

CIRCLE PAYMENT:                      CASH                      CHECK # \_\_\_\_\_                      CREDIT CARD

Entry # Given \_\_\_\_\_