WAIVER FOR JUTTA SCHOTT CLINICS 2009 You must have a waiver on file with the clinic organizer(s) at the beginning of each calendar year.

I hereby assume full risk and responsibility for any and all injury to myself and my horse(s), other horses, and/or riders, and for property damage resulting from participation in the clinic. I hereby release Jutta Schott, Cheryl Stokes, MarVal stables, and any other employees or agents connected in any way with this clinic from any claims or suits. All riders may be required to wear hard hats. Minors **must** wear hard hats. I give my permission to have emergency medical treatment in case of accident.

Rider's name / Phone / Cell

Street / City / Zip

Preferred days and times / Horse's name / Total $ due

Signature (rider/owner) / Date
Minors must have parent/guardian signature.

In case of emergency call: _____

Physician / Phone

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