



Savvy Horsemanship Membership Form

Date: _____

Participant's Name: _____

Division: Junior (<18), Novice, Open (Circle One)

Mare, Stallion, Gelding (Circle One)

Phone(s) _____ -

Address: _____

City _____ St.: _____ Zip: _____

Email Address: _____

Equine Name: _____

Breed: _____

Coggins Accession # _____

Date: _____

Lab: _____

Fee Paid _____

Total Fees Paid _____

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses and/or cow work and voluntarily assume those risks. I agree that I will not hold Savvy Horsemanship, Hidden Falls Adventure Park, nor any of their directors, officers, employees, volunteers, or participants liable for any injury or property damage arising out of or caused by this clinic and competition held _____.

**WARNING UNDER TEXAS LAW
(CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE),
AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT
IN EQUINE ACTIVITIES**

Participant Signature _____

Date: _____

Parent/Guardian Signature (if minor) _____

Date: _____

For Office Use Only: Membership Number: _____

Date: _____

Payment Method: Pay Pal, Check, Money order Payable to:

Savvy Horsemanship

340 bent way road

Marble Falls, Tx 78654

Mobile:281-414-8431

Fax: 832-201-0950

www.SavvyHorsemanship.com

