

# PRE-REGISTRATION FORM



## 40+ BASIC MOUNTED LAW ENFORCEMENT AND CIVILIAN POSSE COURSE

Class No. 2021-2, June 12th, 13th, 26th and 27th, 2021

\_\_\_\_\_  
 First Name    Middle    Last Name

\_\_\_\_\_  
 Address / City / State / Zip

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Email Address    Home Phone No.    Cellular No.

Please check below which best describes your situation

I am a sworn member of the law enforcement agency: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Address / City / State / Zip    Agency Phone    Supervisor

I am a non-sworn member of the civilian equestrian support organization: \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
 Address / City / State / Zip    Agency Phone    Supervisor

Other

Please indicate your riding level by checking the appropriate box(es) for each riding discipline listed below

Experience Level:	Beginner			Intermediate			Advanced		
	1	2	3	4	5	6	7	8	9
Western: <input type="checkbox"/>									
English: <input type="checkbox"/>									

I will be bringing a horse.       I will need to lease a horse. (Call for availability and pricing)

**DO NOT WAIT!** Return this completed form today as the class may fill quickly. If payment does not accompany this form, payment in the amount selected below (or purchase order) must be received to guarantee your place in the class.

I am registering for:		I will be paying by:	
<input type="checkbox"/> \$425 before June 8, 2021		<input type="checkbox"/> Purchase Order/Government Check, PO No:	_____
<input type="checkbox"/> \$450 on or after June 8, 2021		<input type="checkbox"/> Check or Money Order, Amount paid by me:	\$ _____
		<input type="checkbox"/> PayPal Online, Amount paid by me:	\$ _____

**Note:** The above fee is for tuition alone and DOES NOT include horse leases (if needed), personal accommodations, travel expenses, meals, personal injury insurance or stabling of your horse.

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

How did you learn about this class?  
 \_\_\_\_\_

\* Participation in this class does not necessarily guarantee employment or acceptance as a trainer with any law enforcement agency, organization or business.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

*Read this agreement carefully before signing it. Your signature indicates your understanding of and agreement to its terms.*

I, (printed name) \_\_\_\_\_, and/or minor child for whom I am the parent or legal guardian,

(printed name) \_\_\_\_\_, hereafter referred to as the "releasor", who reside at

(street address) \_\_\_\_\_, in (city) \_\_\_\_\_, (state/zip) \_\_\_\_\_,

(telephone number) \_\_\_\_\_, in consideration for being permitted on the property of 12391 SR 471, Webster, Florida, (hereafter referred to as the Emerald Oaks Ranch), or participating in any manner in any equine related activity, regardless of location, that is sponsored by, promoted by, arranged by, or supervised by Suncoast Equine, Inc. or Mark A. Newby or any person officially acting on behalf of Mark A. Newby or said corporation, the releasor, individually, and on behalf of the releasor's personal representatives, executors, heirs, children, next of kin, spouses, domestic partners and assigns, does hereby:

1. Acknowledge that horseback riding, the handling of a horse, being in close proximity to a horse, or being in or around a horse stable is inherently dangerous and involves risks that may cause serious injury, permanent disfigurement, or even death to a person because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance; and further acknowledge that a horse may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump, step on a person's feet, push or shove a person, and that saddles, bridles, reins and other such equipment may loosen or break, all of which may result in serious injury, permanent disfigurement or death to a person.
2. Voluntarily assume the risk and danger of injury, permanent disfigurement, or death that is inherent in the handling or riding of a horse, being in close proximity to a horse, being in or around a horse stable, or participating in any manner in an equine activity.
3. Forever release, discharge and covenant not to sue or bring claim of any kind for any personal injury, death, or property damage against Mark A. Newby and his insurance carriers, Suncoast Equine Inc., its officers, members, insurance carriers, promoters, sponsors, employees, agents, volunteers, owners and lessees of the premises and each of them their officers and employees, and any person authorized to act on behalf of Mark A. Newby or Suncoast Equine Inc., all hereafter referred to as "releasees" from all liability to the releasor, his or her personal representatives, executors, heirs, children, next of kin, spouses, domestic partners and assigns for any and all loss and damage, and any claim or damage thereon, as a result of injury or death to the releasor or damage to his or her property whether caused by the negligence or malfeasance of the releasees or otherwise while the releasor is on the property of Emerald Oaks Ranch or any other location where on the releasor is participating in any manner in an equine related activity that is sponsored by, promoted by, arranged by, or supervised by Suncoast Equine Inc. or Mark A. Newby or any person officially acting on behalf of Mark A. Newby or said corporation.
4. I was given sufficient time to read, understand and ask any questions that I may have regarding this Agreement and Suncoast Equine's Rule and Regulations. I agree to abide by said Rules and Regulations and all instructions given to me.
5. I understand that serious injuries to the head can occur as a result of equestrian accidents, including brain damage and even death. The staff of Suncoast Equine has informed me of the importance of always wearing an ASTM approved helmet when on or around horses. I understand that a properly fitted ASTM approved helmet can prevent or at least significantly reduce the severity of such injuries. I am aware that Suncoast Equine will provide me with a helmet, upon my request, to use during their activities in the event that I do not possess one of my own. I agree to always wear an ASTM (or equivalent) approved riding helmet while riding on the property and at all Suncoast Equine activities.
6. Acknowledge the language of Florida State Statute chapter 773, which provides that **AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**
7. Agree to first inspect the grounds and premises for any condition that may be unsafe upon each and every visit; agrees to avoid any area that may be questionable and promptly report it to Suncoast Equine staff. The releasor further agrees to inspect all equipment to be used for safety and functionality prior to using it and agrees to NOT use any equipment that appears questionable. The releasor understands that electric fencing and barbed wire is used throughout the property of the Emerald Oaks Ranch.
8. Consent to Suncoast Equine or its agents to take and use photographs, audio and video of me, (and/or my minor child for which I am the parent of legal guardian of), for any legitimate and lawful purpose without expectation of compensation now or in the future.
9. Acknowledge that this waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is determined to be invalid, illegal or unenforceable for any reason, the balance of this Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect; and further acknowledge that his document is a contract and agrees that if a lawsuit is filed against the releasees in breach of this contract that the suit must be filed in Sumter County Florida and that the releasor will pay for all attorney's fees and costs incurred by the releasees.

\_\_\_\_\_  
Releasor's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Horse Information**

\_\_\_\_\_  
Horse's Name (And Registered Name if Different)

\_\_\_\_\_  
Breed (Include Cross Breed)

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Color                      Gender                      Age or DOB                      Height                      Weight

**Miscellaneous Information**

\_\_\_\_\_      *Note: A copy of the Coggins certificate must be presented when the horse arrives*  
Coggins Expiration Date

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Veterinarian's Name                      City / State                      Phone No.

List all known health issues.

Describe behaviors that might be dangerous or destructive.

Primary use of the horse and its training history.

**Owner Information**

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Owner's Printed Name                      Owner's Signature                      Date