

# REGISTRATION

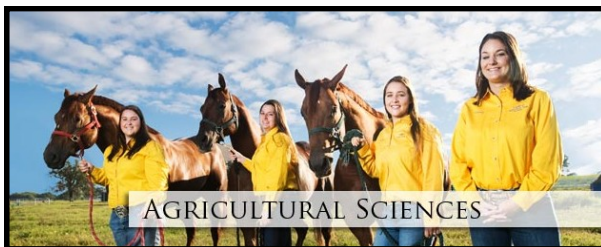
_____ Last Name	_____ First Name	
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ Phone Number	_____ Date of Birth	
_____ Email Address		
_____ Parent/Guardian	_____ Phone Number	

Beginning Horsemanship	Price
___ June 13-17, 2011	\$125
___ June 20-24, 2011	\$125
Intermediate Horsemanship	Price
___ June 27-July 1, 2011	\$125
Advanced Horsemanship	Price
___ July 11-15, 2011	\$125
___ July 18-22, 2011	\$125

Please mail registration and payment to:

Texas A&M University-Commerce  
Department of Agricultural Sciences  
Attn: Lindsey Johnson Walton  
2600 S. Neal Street  
Commerce, TX 75428

*\*All Registrants MUST sign the medical release form on the back of the registration form. \*\**



# EQUINE SCIENCE

## HORSEMANSHIP CAMPS

## BEGINNING, INTERMEDIATE & ADVANCED



DEPARTMENT OF AGRICULTURE  
P.O. BOX 3011  
COMMERCE, TX 75429

# TEXAS A&M UNIVERSITY-COMMERCE



## SESSION INFORMATION

Lindsey Walton was born and raised in Paris, Texas. She has extensive experience in showing American Quarter Horses including AQHA world show titles. Mrs. Walton earned her Bachelor of Science in Agriculture science and Technology with secondary teacher certification in production agriculture, August of 2005. Lindsey has her Master of Science in Animal Science with thesis research done in Equine Reproduction, May 2007.

Located in beautiful Commerce, Texas, our beginning and intermediate horsemanship camps will help you gain confidence and skills. We believe in a well rounded course focusing on principles of riding as well as the behavior of the horse.



### BEGINNING

JUNE 13-17, 2011  
JUNE 20-24, 2011

### INTERMEDIATE

JUNE 27-JULY 1, 2011

### ADVANCED

JULY 11-15, 2011  
JULY 18-22, 2011

## CONTACT INFORMATION

For more information, please contact:

Lindsey Johnson Walton  
(903) 886-5901  
Lindsey\_Johnson@tamu-commerce.edu

Texas A&M University-Commerce  
Department of Agricultural Sciences  
Attn: Lindsey Johnson Walton  
2600 S. Neal Street  
Commerce, TX 75428

Horsemanship Camps -

- \* 1st-12th grade
- \* 5 person max per session
- \* \$125 Registration Fee



1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of HORSEMANSHIP CAMP (herein referred to as "activity"), which is sponsored by TEXAS A&M UNIVERSITY-COMMERCE (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. For students going on fieldtrips or other class-related activities: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Participant Signature: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_  
(If Participant is under 18 years old)

# EQUINE SCIENCE SUMMER CAMPS