Name of Rider:		**BACK NUMBER (office will assign)**	
Name of Mount:		**Mobile phone:**	
Address:		**Contact Phone (s):**	
Do you want to receive newsletters and updates of clinics?	Yes or No (circle one)	**Email:**	

In consideration of riding with Reel NZ Productions, Leigh Taylor on 20th April, 2013. I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in participating in the horseback ride. I understand that there is a risk in riding live animals and acknowledge that my/our participation in this activity is purely voluntary. I assume full responsibility for myself and any minor children for whom I am parent, guardian or otherwise responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in riding with Reel NZ Productions, Leigh Taylor. I/we further agree to abide all safety instructions, and to wear any safety equipment required; or to sign a waiver form, while I/we are participating in the activity. I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible, hereby release, acquit and forgive Reel NZ Productions, Leigh Taylor, its principals, directors, officers, agents, employees, and volunteers ("Releases") from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to me or said minor children and other persons as the result or my/our participation in the riding activity. This waiver is made voluntarily. I have read this Release and Waiver Agreement and understand that by signing this document, I am waiving valuable legal rights including any and all rights that I may have against the Releases named above.

Signed (rider):_____ Name: _____

Signature of parent or caregiver if under 18: _____ Name of parent or caregiver: _____

Class #	RNZP TRAINING SHOW CLASSES 20 April & 25 May 2013	Height	X if in class	E F	Subtotal
1 *H & P*	**Quality Presentation Cross Rails**	40		8.00	
2 *H & P*	**Quality Presentation Cross Rails**	40		8.00	
3 *H & P*	**Quality Presentation Cross Rails**	FLAT		8.00	
4 *Pony*	**Party Print Low Pony**	60 /65		8.00	
5 *Pony*	**Party Print Low Pony**	60 / 65		8.00	
6 *Pony*	**Party Print Low Pony**	FLAT		8.00	
7 *Horse*	**Quality Presentation Low Horse**	65 / 70		8.00	
8 *Horse*	**Quality Presentation Low Horse**	65 / 70		8.00	
9 *Horse*	**Quality Presentation Low Horse**	FLAT		8.00	
10 *H & P*	**Training Equitation—1**	60		8.00	
11 *H & P*	**Party Print Pleasure**	70 / 75		8.00	
12 *H & P*	**Party Print Pleasure**	70 / 75		8.00	
13 *H & P*	**Party Print Pleasure**	FLAT		8.00	
14 *H & P*	**Quality Presentation Schooling**	80 / 90		8.00	
15 *H & P*	**Quality Presentation Schooling**	80 / 90		8.00	
16 *H & P*	**Quality Presentation Schooling**	FLAT		8.00	
17 *H & P*	**Training Equitation—2**	80		8.00	
FOR	**OFFICE USE**	**ONLY**		Subtotal	
				Admin	5.00
				Ground	10.00
				Total	
How paid		Paid		**BACK # (Office to fill in)**	Points / Total