

# ISA Shearing School Registration

**Date:** March 5, 2022

**Time:** 8:30 a.m. (check-in) 9 a.m. to 4 p.m. EST

**Location:** At ASREC (Animal Science Research and Education Center) Sheep Unit

5480 ASREC Drive, West Lafayette, IN. 47906

**Fee:** \$50 (please enclose with this form)

**Provided:** Lunch, shearing equipment

Registration is due March 1. Mail this form to Executive Director Bob Benson at:  
3506 Heathcliff Ct. Westfield, IN 46074

## Participant Information

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Experience Level (circle one):**

**Do you have your own shearing equipment (not required)?** Yes No

Beginner Some experience

**NOTE:** There is no minimum age requirement but to participate, but you must be physically able to set and hold a sheep in the shearing position; see below example:



**\*\*NOTE:** Due to safety precautions related to COVID-19, this workshop is limited to 10 participants. We will be taking this form off the website when we receive those 10 applications in the mail. If you happen to apply after those spots are filled, you will be notified that you did not make it in. We apologize for this inconvenience and hope to resume the workshop next year with the usual number of spots.\*\*

# Attendees must sign this waiver to participate

## INDIANA SHEEP ASSOCIATION, INC.

### GENERAL RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Name of Participant (First and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Name: ISA Shearing School Date: March 5, 2022

### INFORMED CONSENT FOR PARTICIPATION

I desire to engage voluntarily in the program listed above conducted by the Indiana Sheep Association, Inc. (the "Program"). I understand the Program requires physical exertion and activities that may be strenuous and that may cause or result in physical stress or injury to me. I understand that I am responsible for monitoring my own condition and my own actions throughout my participation in the Program. I am fully aware of the risks and hazards involved. In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of the Program. I know that there may be risks associated with the Program and willingly accept those risks. I know that it is my responsibility to ensure my own safety and I take full responsibility for my own health and safety in Program participation. I also agree to assume full responsibility for any risks, injuries, or damages known or unknown which I might incur as a result of participating in the Program. Such risks and injuries may result in temporary or permanent disability or even death. I represent that I have no medical condition that would prevent my participation in the Program. I agree to pay all reasonable costs related to the Program, including but not limited to any medical costs I may incur as a result of my participation.

### AGREEMENT AND WAIVER / FULL RELEASE OF LIABILITY

In consideration for being allowed to participate in the Program, which I do freely and voluntarily for my own personal benefit, I hereby affirmatively state for myself, my executors, administrators, heirs, next of kin, successors and assigns:

1. To the fullest extent permitted by law, I fully waive, release and discharge from any and all liability and covenant not to sue Indiana Sheep Association, Inc., its officers, directors, members, employees, agents, contractors, representatives, volunteers, and instructors and assistants, and my fellow participants in the Program, and, if applicable, owners and lessors of premises on which the Program takes place ("Releasees"), for my death, disability, personal injury, property damage, or property theft, or actions of any kind, whether caused by their negligence or gross misconduct, resulting in any way in my participation in the Program.

2. To the fullest extent permitted by law, I agree to indemnify, defend, and hold harmless the Releasees from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in the Program including any and all litigation expenses, attorney fees, loss, liability damage, or cost which any may incur as the result of such claim(s).

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance of the agreement shall continue in full force and effect. I am over 18 years of age.

Participant Signature (if 18 years or older) \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**Please enclose the \$50 registration fee with this form. Thank you!**

Questions about Registration? Contact Emma O'Brien at [emmaellenhopkins@yahoo.com](mailto:emmaellenhopkins@yahoo.com) or call/text 317-607-5664