## **Beginner ISA Shearing School Registration**

<u>Date:</u> February 22, 2025 <u>Time:</u> 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

<u>Fee</u>: \$50 (please enclose with this form) <u>Provided:</u> Lunch, shearing equipment

Registration is due February 1, 2025. Mail this form to Executive Director Emma O'Brien at:

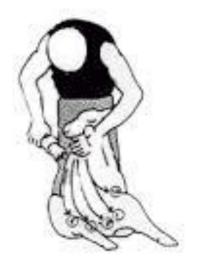
6840 S 280 E Lebanon, IN 46052

## **Participant Information**

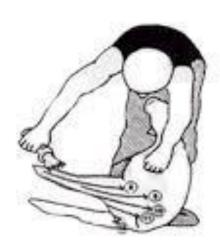
Name:	_ Pho	ne:			
Email:	_		Experience Level (circle one):		
Do you have your own shearing equipment (not required)?	Yes	No	Beginner	Some experience	

Are you RIGHT or LEFT handed (circle one)?

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 available room at the location we are limiting the class to 20 participants. We will be taking this form off the website when we receive those 20 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. ISA also reserves the right to limit the capacity of the class further before the deadline in the event that something such as the COVID-19 pandemic poses a safety threat.\*\*

# Attendees must sign this waiver to participate

### INDIANA SHEEP ASSOCIATION, INC.

Name of Participant (First and Last):  Street Address:	· · · · · · · · · · · · · · · · · · ·	IPTION OF RISK AND INDEMNITY AGREEMENT
City:	State:	Zip:
Phone:	Email:_	
Emergency Contact Name:		Phone:
Program Name: <u>ISA Shearing School</u> Date: <u>I</u>	February 22, 2025	
INFO	RMED CONSENT FOR	PARTICIPATION
the Program requires physical exertion and act me. I understand that I am responsible for n Program. I am fully aware of the risks and I understand this form in its entirety and that I understand willingly accept those risks. I kn my own health and safety in Program participa or unknown which I might incur as a result of padisability or even death. I represent that I have	tivities that may be strenuc monitoring my own condit hazards involved. In sign nderstand the nature of the low that it is my responsibilation. I also agree to assum articipating in the Program e no medical condition that	Indiana Sheep Association, Inc. (the "Program"). I understand ous and that may cause or result in physical stress or injury to the sion and my own actions throughout my participation in the sing this consent form, I affirm that I have read, accept and a Program. I know that there may be risks associated with the ility to ensure my own safety and I take full responsibility for the full responsibility for any risks, injuries, or damages known. Such risks and injuries may result in temporary or permanent would prevent my participation in the Program. I agree to pay my medical costs I may incur as a result of my participation.
AGREEMENT	Γ AND WAIVER / FULL	RELEASE OF LIABILITY
affirmatively state for myself, my executors, ac  1. To the fullest extent permitted by law Indiana Sheep Association, Inc., its officers, instructors and assistants, and my fellow partic Program takes place ("Releasees"), for my dear whether caused by their negligence or gross mi 2. To the fullest extent permitted by law, or claims made by other individuals or entities a expenses, attorney fees, loss, liability damage, I have read this agreement, fully unde signed it freely and without any inducement or	dministrators, heirs, next of the Aministrators, heirs, next of the Aministrators, members, emploipants in the Program, and the disability, personal injustration in the Aministration of the Aministr	d discharge from any and all liability and covenant not to sue bloyees, agents, contractors, representatives, volunteers, and d, if applicable, owners and lessors of premises on which the try, property damage, or property theft, or actions of any kind, way in my participation in the Program.  Ind, and hold harmless the Releasees from any and all liabilities my participation in the Program including any and all litigation ur as the result of such claim(s).  In the try of the try o

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

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

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

Questions about Registration? Contact Emma O'Brien at executive@indianasheep.com or call/text 317-607-5664