

TUMPOT Fund Raiser DE-Spook Training/School

May 29th. & 30th 2010

Winnsboro, Texas

DeSpook Class Only

Registration Form Cost \$175.00 W/O Manual

With Manual \$200.00

Deadline May 21st to Register

Complete (type or print) this registration form and mail it along with a check made out to TUMPOT.

Mail it to:

TUMPOT

C. /O. CAPTAIN NANCY ROBICHAUX

366 CO. RD. 3986

WINNSBORO TEXAS 75494

Tel: 903-857-2403

Fax: 903-857-2403 (Please call before faxing any material)

Email: tumpot@hughes.net

Name _____

TUMPOT Unit/Member #: _____ Region # _____ Exp: _____

If not a TUMPOT member what is your mounted unit name or posse's name:

Your Address _____

Phone: _____

Email: _____

Certified Peace Officer: Yes No Civilian Yes other (Military Federal Agent) etc.

If other please identify your agency and your Supervisors contact info. first _____

Agency Name: _____

PLEASE FILL IN EACH BLOCK ON PAGE 2 OF THIS REGISTRATION FORM THAT APPLIES. EACH PERSON IN A UNIT MUST FILL IN ONE OF THESE REGISTRATION FORMS. IF YOU ARE CURRENTLY NOT A MEMBER AND WOULD LIKE TO BECOME A MEMBER IN ORDER TO RECEIVE THE MEMBER DISCOUNT, YOU MUST CONTACT OUR OFFICE AT THE ADDRESS OR PHONE NUMBER ABOVE OR GO TO OUR WEB SITE AT <http://www.tumpot.org> AND PAY FOR A MEMBERSHIP ONLINE. YOU WILL NEED TO DOWNLOAD A MEMBERSHIP FORM, PRINT IT OUT FILL IT IN AND SEND IT IN TO OUR HOME OFFICE SO THAT WE WILL HAVE THE PAPERWORK TO GO WITH YOUR PAYMENT. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT US AND WE WILL BE MORE THAN HAPPY TO ASSIST YOU IN ANY WAY. WE LOOK FORWARD TO SEEING YOU AT THE MOUNTED CONFERENCE.

Registration Form for TUMPOT MEMBERS & NEW MEMBERSHIP APPLICATIONS

For the May 29th & 30th 2010 TUMPOT Fund Raiser De-Spook/Training School to be held at the Hiding Place Ranch

TUMPOT <http://www.tumpot.org>

Despook School only Two full 8 hour days with lectures from top vets and mounted trainers.		Stall fee and class room time \$175.00	Manual fee (optional) \$25.00	Total for school if you desire a manual \$200.00 School fee without Manual Fee is 175.00. Your Choice
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TOTAL AMOUNT OWED FOR THE ABOVE CLASSES _____

TYPE OF PAYMENT:

PAID BY CREDIT CARD ONLINE IN THE AMOUNT OF _____

PAYMENT ENCLOSED; CHECK # _____ IN THE AMOUNT OF _____

June Boyd Former training officer for Rockwall Co Mounted S. Posse	Captain Mike Howard Former Mounted Secret Service agent VP	Lt. Stanley Cowley Bowie Co. Mounted Patrol	Capt. Nancy Robichaux State Mounted Honor Guard Captain &	Assistant trainers on hand for extra help with all students.
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Mounted Despook/ Desinsitization Training/Conference



2 day Training
May 29th.- 30th., 2010

**Student Skills
testing stations**

What better way for your to turn your horse into that street savvy cool calm horse. Make your horse into that equine partner you have always wanted he/she to be! Come join up and enjoy learning how to train your horse with safe step by step methods.

**~SIGN UP
TODAY~**

**Teaching with
Positive Techs.**

That Work!

**Basic Bomb proofing for
all horses no matter the
breed!**

**Video training of problem horses,
bucking, rearing, charging the bit,
non yield breakers!**

2010 DeSpook Camp
Go to the organization that
started the
De-Spook schools in Texas
not to the imitators! Get the
real McCoy's trainers who
have been doing this for 13
years teaching over five
thousand riders!

Loading Quietly
Resourcing with trainers
who have seen it all from
across the State!

Step by Step
Training that teaches
Trainers Secrets !

STUDENT AGREEMENT

Basic Information

Name _____ Age _____

Address _____

City & State _____ Zip _____

Phone (Day # _____ Home # _____ Other # _____

Occupation _____ Employer _____

Martial Arts
Experience (Style) _____ Rank _____

Length OF Study _____

Health Insurance Coverage _____

Person to Notify In Case of Emergency

Name _____

Relationship _____ Phone _____

Photo Release

I consent that any photographs, video, film, and other pictures furnished by me, or taken of me in connection with my training at the Center or an event in which the Center or its students participate, can be used for publicity, promotion, television, and/or commercial use. I hereby release to the Center all rights to use such photographs, video, film, and other pictures, and to use my name in connection there-with, and I waive any and all compensation in regard thereto.

My signature on this document is evidence that I know, understand, and have had this, the above document explained to me. I fully understand the dangers that are inherent in Mounted Patrol Training, Man Tracking, and Dynamic Aggressive Defense (Close Quarters Combat), and that I voluntarily certify that I WILL not hold *THE UNITED MOUNTED PEACE OFFICERS OF TEXAS* the Staff, Trainers, or Board of Directors of *TUMPOT, OR ITS TRAINERS, BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT, US BORDER PATROL, COTULLA BORDER PATROL, THE SHERIFF'S ASSOCIATION OF TEXAS, DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT) and The Hiding Place Ranch* its owners, their families, employees, agents assigns and/or representatives responsible for any injury whether as a RESULT of training regimen or not.

I VOLUNTARILY ASSUME, all and FULL LIABILITY AND RESPONSIBILITY FOR ANY KIND OF THE ABOVE MENTIONED RISKS.

Signature: _____

Date: _____ Driver's License#: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal

I, _____ hereby certify that I am the parent or leg guardian
of _____ a person under 18 years of age. My signature on this

document is evidence that I know, understand, and have had this, the above document explained to me. I fully understand the dangers that are inherent in Mounted Patrol Training, Man Tracking, and Dynamic Aggressive Defense (Close Quarters Combat), and that I voluntarily certify that I WILL not hold *THE UNITED MOUNTED PEACE OFFICERS OF TEXAS* the Staff, Trainers, or *BOARD* of Directors of *TUMPOT OR ITS TRAINERS, BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT, US BORDER PATROL, COTULLA BORDER PATROL, THE SHERIFF'S ASSOCIATION OF TEXAS, DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT) and The Hiding Place Ranch* its owners and any of their family members, their agents and/or assigns, responsible for any injury whether as A RESULT of training or not.

I VOLUNTARILY ASSUME LIABILITY AND RESPONSIBILITY FOR ANY OF THE ABOVEMENTIONED RISKS FOR SAID MINOR AND FOR THE ABOVE BASIC INFORMATION AND PHOTO RELEASE.

Signature: _____

Date: _____ Driver's License#: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal

Medical, PHS and Health Disclosure

1. Do you have any medical, physiological or health conditions that could affect instructors or other students or your ability to safely train at the facility, or participate in Martial Arts events such as DAD – Dynamic Aggressive Defense (Close Quarters Combat), Mounted Patrol training, Arrest

Search or Seizure training, while mounted or non-mounted and/or Man Tracking Training. Yes _____ No _____

2. Do you have any skin infection or skin condition? - Yes _____ No _____

3. Do you have any medical or health condition that is contagious? - Yes _____ No _____

4. Have you been hospitalized or had surgery at any time within the last (5) years? Yes _____ No _____

5. Have you had, at any time -in the last (5) years, any orthopedic injury (e.g. sprain joint, ligament, cartilage or tendon injury, cracked or broken bones, etc)? Yes _____ NO _____

6. Has a physician restricted your activities at any time within the last (5) years? - Yes _____ NO _____

7. Are you currently under a physician's care? - Yes _____ No _____

8. Are you currently taking any medication? Yes _____ No _____

If your answer to any of the above questions is "YES", please describe the nature of the condition, medical care *and/or medications in detail below* (use the reverse side of this page or attach additional pages, if necessary), this information will be kept confidential.

I REPRESENT that the information set forth above is accurate and complete, I AGREE to promptly inform the Trainer from time to time, of any and all changes *in my health*, medical or physiological condition that would affect my responses to the above questions if they were to be answered again, including but not limited to changes in medication, onset of skin conditions, surgeries (even if minor) *and or any other* condition that is contagious. I UNDERSTAND that the staff of TUMPOT reserves the right to decline participation of any student in any class or practice *based* on health, medical and physiological condition.

My signature on this document is evidence that I know, understand, and have had this, the above document explained to me. I fully understand the dangers that are inherent in Mounted Patrol Training, Man Tracking, Dynamic Aggressive Defense (Close Quarters Combat) or De-Spooking training and that I voluntarily certify that I will not hold *THE UNITED MOUNTED PEACE OFFICERS OF TEXAS* the Staff, Trainers, or BOARD of Directors of *TUMPOT OR ITS TRAINERS*, , *BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT PATROL*, *THE SHERIFF'S ASSOCIATION OF TEXAS*, *DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT)* or *The Hiding Place Ranch* its owners, any of their family members, their agents and/or assigns, responsible for any injury whether as A RESULT of the training regimen or not.

I VOLUNTARILY ASSUME LIABILITY AND RESPONSIBILITY FOR ANY OF THE ABOVEMENTIONED RISKS.

Signature: _____

Date: _____ Driver's License#: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal

PLEASE FILL IN THE FOLLOWING INFORMATION IF THIS IS FOR A MINOR UNDER THE AGE OF 18

I, _____ hereby certify that I am the parent or legal guardian

of _____ a person under 18 years of age. My signature on this document is evidence that I know, understand, and have had this, the above document explained to me. I fully understand the dangers that are inherent in mounted patrol training and that I voluntarily certify that I WILL not hold *THE UNITED MOUNTED PEACE OFFICERS OF TEXAS* the Staff, Trainers, or BOARD of Directors of *TUMPOT OR ITS TRAINERS*,, *BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT*,, *US BORDER PATROL*, *COTULLA BORDER PATROL*, *THE SHERIFF'S ASSOCIATION OF TEXAS*, *DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT)* & *The Hiding Place Ranch*,, *its owners*, any of their family members, their agents and/or assigns, responsible for any injury whether as A RESULT of the training regimen or not.

I VOLUNTARILY ASSUME FULL LIABILITY AND RESPONSIBILITY FOR ANY KIND OF THE ABOVEMENTIONED RISKS ON BEHALF OF THE ABOVEMENTIONED MINOR AND FOR THE ABOVE MEDICAL INFORMATION.
PHYSICAL AND HEALTH DISCLOSURE INFORMATION

Signature: _____

Date: _____ Driver's License#: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal

**PLEASE READ CAREFULLY!
THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS
MOUNTED PATROL TRAINING WAIVER-RELEASE-ASSUMPTION OF RISK**

TEXAS EQUINE STATUTE

UNDER TEXAS LAW (Chapter 87, Civil Practice and Remedies Code), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I understand and have had explained to me that mounted patrol training may entail some risk of accident or injury and that risk may be in the form of an accident that may be serious or even mortal as a consequence of the practice of the before mentioned mounted patrol training.

I further understand and have had explained to me that along with the possibility of personal *injury*, that injury to property is also possible, such as, but not limited to possible loss of wages and the ability to earn wages. With full knowledge of the aforementioned dangers both to my person and my property (current and future) and after having these *dangers fully* explained to myself and/or to my legal guardian, I hereby certify and declare that I will fully release and forever hold free and discharge any liability. the *staff of TUMPOT OR ITS TRAINERS, , BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT, US BORDER PATROL, COTULLA BORDER PATROL, THE SHERIFF'S ASSOCIATION OF TEXAS, DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT) & The Hiding Place Ranch, its owners, family member, agents and assigns, employees and representatives and* each of their agents, directors, officers, employees, and representatives from all claims, demands, rights and causes of action of any nature *whatsoever* which I may have or which hereafter accrue to me, arising from and by reason, Of any and all bodily or personal injury, damage to property or other loss, and any consequence thereof, whether known or unknown, seen or unforeseen, resulting in my participation with the staff of "TUMPOT" the persons and entities mentioned above.

Further knowing and understanding these risks, I hereby agree to voluntarily assume these risks and to release and hold harmless all the persons or entities mentioned above who might otherwise be liable to me for damages. It is further understood that this WAIVER-RELEASE AND ASSUMPTION OF RISK, IS **FOREVER BINDING** on my heirs and assigns.

I, the undersigned, do hereby voluntarily submit my application for attendance and participation at the MOUNTED PATROL TRAINING *being held by THE UNITED MOUNTED OFFICERS OF TEXAS*

I am responsible for my equine/livestock and also responsible for the cleanliness, care and upkeep of their habitat/stall/pen. Likewise, I so promise to provide the organization with all necessary up-to-date proof/copies of current negative EIA (Coggins) test results and if requested current health certificates.

Let it be so known and so warned to **ALL** that enter onto these before mentioned properties that equine/livestock, rodeo, and any activity involving equine/livestock, are dangerous activities and that participation in these activities as a competitor, independent contractor, pleasure rider, student, or volunteer; exposes the aforementioned person(s) to a substantial and serious risk/hazard of property damage, personal injury or death.

All equines entering on these aforementioned properties must have and show proof of ownership, current up to date negative EIA (Coggins) test results as well if requested current up to date health certificates for each equine.

Let it be known that if I do not follow all of the above warnings, and/or any verbal warnings while on the aforementioned properties, I am doing so **at my own risk**. My signature on this document is evidence that I know, understand, and *have had this* document explained to me. I fully understand the dangers that are inherent in taking this class, and that I voluntarily certify that I will not hold the Staff, Trainers, or BOARD of Directors of *TUMPOT OR ITS TRAINERS, , BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT, US BORDER PATROL, COTULLA BORDER PATROL, THE SHERIFF'S ASSOCIATION OF TEXAS, DYNAMIC AGGRESSIVE DEFENSE (DAD) (CLOSE QUARTERS COMBAT) & The Hiding Place Ranch, its owners, family members, agents, representative and assigns and employees and* or any of the agents, and any family member, their agents and/or assigns of the participating agencies afore mentioned, responsible for any *injury* whether as a result of training or not.

I VOLUNTARILY ASSUME ALL LIABILITY AND RESPONSIBILITY FOR ANY KIND OF THE ABOVE MENTIONED RISKS.

Signature: _____

Date: _____ Driver's License #: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal

PLEASE FILL IN THIS BOTTOM PORTION IF UNDER 18 YEARS OF AGE TAKING MOUNTED PATROL TRAINING

I, _____ hereby certify that I am the parent or legal guardian

of _____ a person under 18 years of age. My signature on this document is evidence that I know, understand, and have had this, the above document explained to me. I fully understand the dangers that are inherent in mounted patrol training and that I voluntarily certify that will not hold *THE UNITED MOUNTED PEACE OFFICERS OF TEXAS*, the Staff, Trainers, or BOARD of Directors of *TUMPOT OR ITS TRAINERS*, , *BOWIE COUNTY SHERIFF'S OFFICE & MOUNTED UNIT*, *US BORDER PATROL*, *COTULLA BORDER PATROL*, *THE SHERIFF'S ASSOCIATION OF TEXAS*, *DYNAMIC AGGRESSIVE DEFENSE (DAD)* (*CLOSE QUARTERS COMBAT*), The Hiding Place Ranch, its owners, family members, agents, assigns, employees and representatives and

_____ or any of their family member, their agents and/or assigns, responsible for any injury whether as a RESULT of training or not.

I VOLUNTARILY ASSUME ANY AND ALL LIABILITY, RESPONSIBILITY and RISK OF ANY KIND ON BEHALF OF THE AFOREMENTIONED MINOR.

Signature: _____

Date: _____ Driver's License#: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public in and for _____ County, Texas

Notary Signature and Seal