

Sharon Vander Ziel "Ride 2 Learn" Clinic

Presented by Stonehurst Riding Club
February 19, 2012 @ Stonehurst Riding Club

Rider Name: _____ Age: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Horse's Name _____ Age _____

Level and Test to be ridden by rider: _____

Sharon Vander Ziel "Ride 2 Learn" Clinic	Qty	Fee	Total
Private 40 minute session including time for the rider to ride a test of their choice, followed by a 20 minute lesson and then ride the test again.		\$80	
Stabling (\$50)		\$50	
Shavings (\$8 per bag)		\$8	
Ground Fee (for horses not stabled on grounds or paid for a stall)		\$25	
Total			

Ride Time Preference: AM _____ PM _____

Approximate Arrival time: _____

Fill out the application and mail with:

- 1) current Coggins test
- 2) signed Release Form
- 3) check for total amount due (payable to "Stonehurst Riding Club")

Mail to: Krystina Firth 620 Kenova Trace Lexington KY 40511

Please postmark your application, related documents and fees by: February 8, 2012

Release, Assumption of Risk, Waiver, and Indemnification

In consideration for my participation or attendance at the Sharon Vander Ziel (the "Clinic") at Stonehurst Riding Club, I AGREE to all of the following:

I choose to participate voluntarily in the Clinic with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, auditor, spectator, groom, or as a parent or guardian of a junior participating in the Clinic. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and even death ("Harm").

I release Sharon Vander Ziel, Stonehurst Riding Club, Adrienne Hancock-Leong, Natacha Lesburgueres, Krystina Firth, any employees, personnel, sponsors, volunteers or agents (the "Indemnified Parties") from any and all claims for money, damages or otherwise for any Harm to me, my horse or my personal property and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Indemnified Parties.

I expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Indemnified Parties.

I shall indemnify (that is, to pay any and all losses, damages, or costs incurred by) the Indemnified Parties and to hold them harmless with respect to all claims for Harm to me or my Horse, and for claims made by others for any claim made by others for any Harm caused by me or my Horse at the Clinic.

I represent that I have the requisite training, coaching and ability to safely participate in the Clinic. By signing below, I agree to all terms of this release, assumption of risk, waiver and indemnification.

Rider Printed Name: _____

Rider Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Owner Printed Name: _____

Owner Signature: _____