

Current Negative
Coggins Required
to be sent with your
Registration

HOLLYHURST FARM, LLC

Bridging the Gap

WORKING EQUITATION CLINIC

Participant Registration & Waiver

Rain or Shine ~ Non Refundable **Date of Your Event is:** _____

Stall required: ___ Yes ___ No Inquire for Day & Overnight Rates: Kathir@Hollyhurstfarm.com

Your Name: _____ Your Address: _____

Your Cell: _____ Your Email: _____

Emergency Cell: _____ Emergency Contact: _____

Check Payable to: Hollyhurst Farm, LLC

Mail check to: Kathi Rickert ~ 726 Petersburg, Road ~ Carlisle, PA 17015

We will contact you to confirm receipt of your check.

Your check confirms your Session.

Ck No. _____

Ck Amount: \$ _____

Ck Date: _____

Check must be received 2 weeks prior of Your Event Session.

Event Location: 499 Zion Road, Carlisle, PA 17015

Contact: Kathi Rickert at 717-601-0802 or Kathir@Hollyhurstfarm.com

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF YOUR PARTICIPATION IN EQUINE ACTIVITIES AT HOLLYHURST FARM, LLC. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

This waiver, release, and indemnity agreement ("Agreement") is intended to be given for the benefit of Kathleen G. & Terry T. Rickert, and Hollyhurst, LLC, Hollyhurst Farm, LLC and their officers, directors, owners, managers, employees, agents, and successors in interest, all of whom are hereinafter jointly and severally referred to as "Hollyhurst."

I AGREE that I choose to participate in this Clinic. I am fully aware and acknowledge that horse sports and activities on and around Hollyhurst property involve inherent risks of accident, loss, and serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and death ("Harm").

I AGREE to release Hollyhurst from all claims for money damages or otherwise from any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of Hollyhurst.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from negligence of Hollyhurst.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred) Hollyhurst and to hold Hollyhurst harmless with respect to claims made by others for any Harm caused by me or my horse on Hollyhurst property. I acknowledge that Hollyhurst encourages me to wear protective equipment while WARNING me that no protective equipment can guard against all injuries.

IF I am a parent or guardian of a minor under the age of 18, I consent to the child's participation to participate in this Workshop and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the child's behalf.

I REPRESENT that I have the requisite training, coaching and abilities to participate in this Workshop and acknowledge that I am fully responsible for my own safety and the safety of my animals.

I HAVE READ and fully understand the rules and regulations of Hollyhurst and I AGREE that I will abide by these rules.

Signature of Rider

Date

Print Name of Rider

Guardian's Signature if Rider is under 18

Date