Current Negative Coggins Required to be sent with your Registration

HOLLYHURST FARM, LLC

Bridging the Can'

Coggins Required	Dridging the Gap				
to be sent with your	" U "	Jork	ring Ea	<i>quitation</i> "	Rain or Shine
Registration	Sunday April 13, Participant Registration &			13, 2025	
No	Refunds will be issued e	e-Registration	on & Payment at tim case that the organ	e of commitment is required. nizers must cancel, and rescheduling is not an op placement if you need to cancel.	tion.
Confirmed Time of Your Clinic Session is:			Last Name:		
Stall required: Yes (Check above - Select op		-	· ·	_ One bale quality bedding supplied, w _ You supply bedding, you strip stall at	
Full Name:			Your Addre	255:	
Your Cell:			_ Your Email	·	
Emergency Cell:			_ Emergency	Contact:	

Your Clinic Check of \$95.00 secures your 1-1/2 hour Group Session participation. Clinic Check, Clinic/Stall Registration and Coggins must be received NO LATER than Wednesday April 9, 2025.

Mail Clinic Registration & Check to:

Kathi Rickert ~ 726 Petersburg Road ~ Carlisle, PA 17015

*Stall payment may be added to clinic check or paid the day of your arrival. Make stall payment to: Hollyhurst Farm, LLC

Call - Text - Email Kathi Rickert to confirm available Sessions: 717-601-0802 or Kathir@Hollyhurstfarm.com

Ck No. _____

Ck Amount: \$

Ck Date:

Event Location: 499 Zion Road, Carlisle, PA 17015

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 PARTIC-IPATION IN EQUINE ACTIVITES 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, including the Clinician, 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