

# HOLLYHURST FARM, LLC

Bridging the Gap

499 Zion Road Carlisle, PA 17015

## Haul-In Form for Indoor Arena Use

**You must contact us to Secure your Arena Time or Lesson Time**

**ALL CHECKS TO BE MADE PAYABLE TO: HOLLYHURST FARM, LLC**

Call Kathi Rickert at 717-601-0802 or Email Kathir@Hollyhurstfarm.com to Schedule your Arena Time or Private Lesson  
Prior to filling out this Form

My Arena Time Slot is: \_\_\_\_\_ My Private Lesson Time is: \_\_\_\_\_

Copy of Negative Coggins Required

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

Please initial below after reading.

\_\_\_\_\_ I understand that I will park behind the Indoor Arena and will enter the Arena from the front. If there are others in the arena I will be respectful to them and their horses.

### WAIVER, RELEASE, AND INDEMNITY AGREEMENT

#### 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 Elizabeth A. Morret "dba" Hollyhurst Farm, 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 to hold Hollyhurst harmless and not liable and hereby release Hollyhurst from any and all liability whatsoever, and AGREE NOT TO SUE Hollyhurst, on account of or in connection with any claims, causes of action, injuries, damages, costs, or expenses arising out of the use of facilities and/or presence upon Hollyhurst property, including without limitation, those based on death, bodily injury, property damage, including consequential damages.

Signature: \_\_\_\_\_  
Your Name

Check: \$ \_\_\_\_\_  \$ \_\_\_\_\_  
Check Amount Check No. Check Date Cash Enclosed

Address: \_\_\_\_\_  
Street

When you arrive, and as you enter the Indoor Arena place your CHECK or CASH, along with copy of your Negative Coggins in an envelope, and put the envelope in the Mailbox located beside the Light Switches on the Left as you Enter the front doors of the Indoor Arena.

\_\_\_\_\_  
City State Zip Code

Your Phone Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

**Please Clean up before you leave. Muck Tub and Trash Receptacles are Provided.**

**\*\*\*\*\*Thank You \*\*\*\*\***