

HOLLYHURST FARM,LC

'Bridging the Gap'

2025 Dressage with Rose Caslar Belasik

Participant Registration & Waiver

Pre-Registration is required.

Current Negative
Coggins Required
to be sent with your
Registration

Rain or Shine

Date of Your Lesson is: _____ Confirmed Time of Your Lesson is: _____ Last Name: _____

Stall required: Yes No Option 1: \$45 p/day One bale bedding supplied, refill as needed, we p/u stall at departure
(Check above - Select option) Option 2: \$20 p/day You supply bedding, you strip stall at departure

Full Name: _____ Your Address: _____

Your Cell: _____ Your Email: _____

Emergency Cell: _____ Emergency Contact: _____

A Check in the amount of \$120.00 is Payable to: Hollyhurst Farm, LLC

Payment may be made day of your Lesson.

If you need to cancel a lesson, we need a 4 day notice to rearrange the lesson schedule otherwise you are responsible for the \$120.00

QUESTIONS? Contact: Kathi Rickert at 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 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, 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 _____