Current Negative Coggins Required to be sent with your Registration

HOLLYHURST FARM, LLC
'Bridging the Gap'

Rain or Shine

Dressage with Rose Caslar Belasik
Participant Registration & Waiver

Pre-Registration is required, no refunds will be issued except in the case that the organizers must cancel, and rescheduling is not an option.

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

Stall required: ___ Yes ___ No $45 p/day One bale bedding supplied, we p/u stall at departure_____
$20 p/day You supply bedding, you strip stall at departure_____

Your Name: _____ Your Address: _____

Your Cell: _____ Your Email: _____

Emergency Cell: _____ Emergency Contact: _____

Check in the amount of $120.00 is Payable to: Hollyhurst Farm, LLC
Mail check to: Kathi Rickert ~ 726 Petersburg Road ~ Carlisle, PA 17015
CHECK MUST BE RECEIVED 1 WEEK PRIOR TO YOUR Lesson Date
Your check confirms your Lesson.
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 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, 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