

Current Negative  
Coggins Required  
to be sent with your  
Registration

HOLLYHURST FARM, LLC  
'Bridging the Gap'  
"ROCK & POLE CLINIC"  
Sunday May 4, 2025  
Participant Registration & Waiver

Rain or Shine

Pre-Registration & Payment at time of commitment is required.  
No Refunds will be issued except in the case that the organizers must cancel, and rescheduling is not an option.  
It will be your responsibility to find a replacement if you need to cancel.

Confirmed Time of Your Clinic Session is: \_\_\_\_\_ Last Name: \_\_\_\_\_

Stall required: \_\_\_ Yes \_\_\_ No Option 1: \$45 p/day \_\_\_ One bale quality bedding supplied, we strip stall at departure.  
(Check above - Select option 1 or 2) 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: \_\_\_\_\_

**Your Clinic Check of \$65.00 secures your 1-1/2 hour Group Session participation.**  
Clinic Check, Clinic/Stall Registration and Coggins must be received NO LATER than Wednesday April 30, 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 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 \_\_\_\_\_