Elements I
Western Dressage Workshop

February 18, 2017

@ GOLDEN HILLS FARM
8455 Creston Rd.
Paso Robles, CA.

REGISTRATION DUE BY January 15, 2017

Circle one: RIDER ($125 + $15 haul-in fee) AUDITOR ($25)

Rider/Auditor's Name: _____

Address: _____

Phone: _____ Email: _____

Horse's Name: _____ Age: _____

Discipline: _____

How did you hear about this clinic? _____

Will you require stabling? Yes No Which day(s)/night(s)? _____

Katrina reserves the rights to excuse any rider, person or persons that behave in an unsafe OR disrespectful manner, this includes an unsafe horse. If any participant is excused for any reason other than for medical or veterinary emergencies, all clinic fees shall be retained by Katrina. She also reserves the right to cancel portions of the clinic due to unsafe conditions.

REGISTRATION AND FULL WORKSHOP FEE MUST BE RECEIVED BY

February 15, 2017

MAKE CLINIC CHECKS PAYABLE TO: KATRINA SANDERS

MAKE HAUL-IN FEE PAYABLE TO: GOLDEN HILLS FARM

9845 Santa Clara Rd. Atascadero, CA 93422

Questions, call Katrina @ 775-427-5550

www.ksclassicaleq.com

Katrina Sanders Classical Equitation

AGREEMENT AND LIABILITY RELEASE FORM

I, _____acknowledge that I have voluntarily applied to attend, audit or participate in an instruction class, demonstration or clinic with_____.

Clinics, Lessons & Training – Release of Liability Agreement: I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release Katrina Sanders, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Katrina Sanders, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Katrina Sanders, host facility and sponsors, and their agents and employees against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability and know and understand its contents.

I do hereby give Katrina Sanders and parties designated by her the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event. ***This release is valid unless revoked in writing.*** This release is given freely by the participant and is meant to remain in effect throughout the duration of the equine activity.

Signature_____Date_____

Printed Name _____

Legal guardian (if participant is a minor) _____

Katrina Sanders Classical Equitation

Participant Questionnaire

Thank you for the opportunity to assist you in your horsemanship journey! Please take a moment to briefly tell me about you and your participating horse so I may better meet your needs as a student.

Name: _____ Phone: _____

Address: _____ Email: _____

Age: _____ Number of years spent with Horses: _____

Number of horses you currently work with on a regular basis: _____

Past equestrian experience (Showing, Dressage, Jumping, Trail Riding, Etc.):

_____

_____

Current horsemanship goals: _____

_____

What do you hope to gain from our time together: _____

_____

Horse's Name: _____ Age: _____ Breed: _____

Gender: _____

Horse's past experience (Showing, Dressage, Jumping, Trail Riding, Etc. If same as yours, just note "Same"):

_____

_____

If you have logistical questions about our upcoming event, please contact your event host or coordinator. I look forward to seeing you and your equine partner soon!

Katrina

Golden Hills Farm, Inc.
Release and Waiver of Liability and Indemnity Agreement

I,_____("Participant"), hereby acknowledge that I have voluntarily applied for myself to board and/or ride and/or to spectate and/or participate in instruction and training with _____, at Golden Hills Farm, Inc., located at 8455 Creston Rd., Paso Robles, California.

IN CONSIDERATION for being permitted to either spectate and/or participate in training or riding on the premises of Golden Hills Farm, Inc.

1. **RELEASE:** I hereby release, waive, discharge, and covenant not to sue Golden Hills Farm, Inc., and Kent or Dorreene Gilmore, the record owners of the property located at 8455 Creston Rd., Paso Robles, California, and/or any of their heirs, agents, beneficiaries, employees and/or assignees (all hereinafter referred to as "'Releasees"), from all liability to myself, my legal representative, distributes, guardians, assigns and heirs and my horses or property for injury, death, or damage resulting from the negligence or other acts, howsoever caused of Releasees, or any employee, servant, agent, or contractor of Releasees, as the result of my spectating and/or participation in said instruction and training or riding. In addition, I hereby release and discharge Releasees from all actions, claims, or demands I, my heirs, distributes, legal representatives, or assigns now have or may hereafter have for any injury or damage to me, my animals, or my property resulting from any spectating and/or participation in a clinic, lesson or while riding on Golden Hills Farm, Inc. property.

2. **INDEMNIFICATION**: I hereby agree to indemnify and save and hold harmless Releasees, and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my spectating and or participation in any clinic, training, lesson or while riding on said premises, whether caused by the negligence of Releasees or otherwise.

Further, NO children are allowed UNLESS accompanied by an adult or legal guardian who shall assume complete responsibility, including all risk of liability or injury for that child.

X_____

3. **ASSUMUPTION OF INHERENT RISKS**: Include, but are not limited to, the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equines reactions to such things as sounds, sudden movement and unfamiliar objects, person or other animals: certain hazards such as surface and subsurface conditions; collisions with other

animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that man contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability. Rider acknowledges that horses, by their very nature are unpredictable and subject to animal whim, which may include behavior including but not limited to their propensity to kick, bite, shy, buck, stumble, bolt, rear or general unpredictability. Rider assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising there from. Rider agrees to abide by and follow Owner's rules and regulation, which shall be posted and/or available from time to time. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of rider. Rider assumes all risks therefore and warrants a full and fair disclosure of rider's abilities has been made to Owner.

HELMET WARNING – ALL RIDERS MUST WEAR AN APPROPRIATE SAFETY HELMET DESIGNED FOR EQUINE ACTIVITIES. OWNER SHALL NOT BE HELD LIABLE FOR DEATH OR INJURY TO ANY PARTICIPANT FAILING TO WEAR PROPER PROTECTIVE HEAD GEAR.
X_____

4. **SEVERABILITY**: I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X_____

5. **MEDIATION:** Any controversy between Participant and Releasees involving the construction, application, interpretation or enforcement of any of the terms, provisions or conditions of this Agreement, on the written request of either party served on the other, shall be on the written request of either party served on the other, shall be submitted to mandatory Mediation in San Luis Obispo County. Participant and Releasees shall each appoint one (1) person to hear and determine the dispute. If the two (2) persons so appointed are unable to agree, then those persons shall select a third impartial mediator.

6. **LITIGATION**: In the event that parties are unable to agree in Mediation, then any legal court proceedings shall be conducted in San Luis Obispo County. The prevailing party shall be entitled to reasonable attorney's fees incurred in such dispute, mediation, and/or court proceedings.

I HAVE CAREFULLY READ THIS RELEASE/WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT

BETWEEN MYSELF, GOLDEN HILLS FARM, INC., KENT AND DORREENE GILMORE, AND THE OTHER RELEASEES AND SIGN IT OF MY OWN FREE WILL AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

_____ X_____

DATE SIGNATURE

( ) Please indicate if signature of parent or legal guardian on behalf of minor participant.

PARTICIPANT (please print clearly):

Address:

Phone: