

# RIDER/AUDITOR REGISTRATION

Open Clinic with Helmut Oberhauser , Bereiter Spanish Riding School  
July 7-9 2019

Academy of Equestrian Arts  
Friendly Grove Equestrian Centre, Olympia Wa.

Rider: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone/Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Date of arrival: \_\_\_\_\_ Date of departure \_\_\_\_\_

Rider Fee: \$195.00 per ride \$ \_\_\_\_\_

Stabling: \$20.00 per day: \$ \_\_\_\_\_

Or Haul in fee: \$10.00 per day: \$ \_\_\_\_\_

Auditing: \$25.00 per day \$ \_\_\_\_\_

Lunch: \$8 per day \$ \_\_\_\_\_

Clinic video: including flash drive \$80 \$ \_\_\_\_\_

Clinic Video: \$50 if you provide the flash drive, 128GB or more: \$ \_\_\_\_\_

**Fees payable to AEA.** TOTAL: \$ \_\_\_\_\_

Please include clinic registration form, release and full payment by June 15, 2019  
to reserve your spot.

**Cancellations:** We will refund your clinic fee less \$25.00 if we are able to fill your spot from  
our waiting list. If you are unable to attend you may send someone in your place. Fees are to  
be worked out between you and your replacement. Last minute cancellations will not be  
refunded. All other fees will be refunded to you.

Send payment to: AEA/Debra Hutchings, 700 Slater Kinney Rd. SE., suite B-208 Lacey, WA.  
98503

## *ACADEMY OF EQUESTRIAN ART'S*

### *ASSUMPTION OF RISK AND LIABILITY RELEASE FORM*

#### **ACKNOWLEDGEMENT OF RISK**

I/we intend to participate in an equestrian activity organized by or affiliated with **the Academy of Equestrian Art's, Friendly Grove Equestrian Centre, Debra L. Hutchings, John F. Hutchings, Cory Sdidel, Ana Seidel.** (collectively referred to as "**Clinic Providers**"). I am fully aware that certain inherent and unavoidable risks and dangers are involved in any equestrian activity. I understand that these risks, hazards, and dangers could result in my injury, discomfort, illness, disease, death, or damage to my personal property.

#### **ACCEPTANCE OF RISK AND RESPONSIBILITY**

Being aware that this activity entails risks, hazards and dangers, I agree to accept and assume all responsibility and risks for any injury, discomfort, illness, disease, death and damage to myself or to my personal property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate fully aware of the risks, hazards, and dangers.

#### **RELEASE OF LIABILITY**

In consideration of being permitted to participate in this activity, I agree, pursuant to the limitations on liability pertaining to equestrian activities contained in Title 6, Chapter 18, Idaho Code, not to hold the **Clinic Provider** or its employees, officers, volunteers, insurers, or other agents liable for any injury or damage to my person or property. **I HEREBY VOLUNTARILY RELEASE THE CLINIC PROVIDER, ITS EMPLOYEES, OFFICERS, VOLUNTEERS, INSURERS OR OTHER AGENTS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, OR RIGHTS OF ACTION WHICH ARE RELATED TO OR ARISE IN ANY MANNER OUT OF MY PARTICIPATION IN THIS ACTIVITY.** This release of liability includes, but is not limited to any negligent act or omissions of the

**Clinic Provider** or its employees, officers, volunteers, insurers, or other agents, which may result in my personal injury, discomfort, illness, disease, death, and damage to my property. **ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AND AGREEMENT**

I understand and acknowledge that by signing this document, I have given up substantial legal rights and/or possible claims which I might otherwise assert or maintain in the future including, but not limited to legal rights and claims for negligent acts or omission of the **Clinic Providers** or its employees officers, volunteers, insurers or other agents. I further agree that the laws of the state of Washington shall govern the terms and effects of this agreement and that proper venue will be the courts of Idaho.

**ENTIRE AGREEMENT**

I understand that this is the entire agreement and that no representations or issues not covered herein are a part of this agreement. The terms of this agreement can only be modified in writing executed by all parties to this agreement.

*I HAVE READ THIS PARTICIPANT'S ASSUMPTION OF RISK AND LIABILITY RELEASE FORM AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GURARENTEE BEING MADE TO ME AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.*

Participant's Printed Name: \_\_\_\_\_

Date \_\_\_\_\_ Participant's signature \_\_\_\_\_

(Parent/Legal Guardian signature required if participant is under 18)

# **RULES AND REGULATIONS**

## **Helmets:**

While Mounted on a horse on Stable premises, at any time, the rider must wear properly secured ASTM/SEI F-1163 protective headgear

## **Arena:**

Lunging and warmup under saddle are to be done in the outdoor warm up arena. if weather does not permit the use of the outdoor warmup arena, a designated are at end of the arena may be used 15 min. Before secheduled ride time. We take pride in the arena footing here. Please help keep the footing free of manur by picking up after your horse and dispose of it in the muck bucket located by arena. The same care should be given for any manure dropped on the property.

## **Dogs/Smoking**

Dogs and smoking are not allowed on the property at any time.

## **Wash Stall:**

To prevent clogging of the wash stall drainage pipe, a few things need to be kept in mind. Pick out your horse's hooves and sweep the floor first, to avoid washing sand and any other debris down the drain. Turn off the water and replace the hose properly on the holder.

## **Cross Ties:**

There are a total of five sets of cross ties in the barn. Please make sure to sweep and dispose of manure before leaving the area, even if you intend to use them again after you ride. Securing a horse to a fence or other non-cross tie location is prohibited.

## **Horse Trailers:**

Horse trailer parking is available. Please pick up any manure/hay/bedding that is outside of your trailer. Please pick up trailer shavings and hay off of gravel.

**Emergencies:**

Contact management immediately if you see an emergent situation for any reason. If you cannot locate a manager, use the contact sheet posted on the white board next the feed room in the lobby of the facility. Contact the appropriate owner or professional. In the event you have called 911 the farm property information, farrier, and Vets will also be listed.

**I have read and agree to the current Rules and Regulations.**

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Name (Signature)

Date

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Name (Print)