# *Carmel Valley GSVRHA Clinic* SATURDAY, JULY 18, 2020 ~ 8AM

*Clinicians* Sarah Clifford Mike Lund Kathy Torres RANCH COW HORSE RANCH REINED WORK

CARMEL VALLEY TRAIL & SADDLE CLUB 85 E. GARZAS ROAD, CARMEL VALLEY CA 93924

# \$180 Clinic Entry

### CHECKS MADE PAYABLE TO: CLIFFORD HORSE TRAINING

RIDER \_\_\_\_\_

**DIVISION** 

(Open, Advanced, Intermediate, Limited, Novice, Youth, or Walk/Trot)

MAIL TO: CORI STEVENSON 1630 TRACY WAY, SAN MARTIN CA 95046

Pens (30/night) and Dry Camping (10/night)



### Participants Hold Harmless Agreement

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY.

READ IT!



#### THE UNDERSIGNED STATES AS FOLLOWS:

I acknowledge that competitive and pleasure riding and driving contains inherent risk of injury and damage to me personally, to my horse and to my equipment. Knowing these facts, I nevertheless, in consideration to your acceptance of this form, hereby for myself, my heirs, executors and administrators waive, release, and discharge and hold harmless CVT&S Club, CVT&S Community Foundation and CVT&S Equine Educational Alliance, its owners, board of directors, officers and all individual members thereof and all other persons and organizations in any way connected with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs, executors, administrators and assignees from any and all right, claim or liability for damages or for any and all injuries that might be sustained by me including injuries to animals or from any and all claims of any kind or nature that I might have as a result of, or arising out of my participation in any activity. Further, I do hereby acknowledge that this release will extend to any accidents, damages or claims arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless CVT&S Club, CVT&S Community Foundation and CVT&S Equine Educational Alliance, the owners, officers, directors, members and agents or any of them against all claims, demands and causes of action including court costs, and attorney's fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for any benefit contrary to this release extended to all claims of every kind and nature whatsoever whether known or unknown and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims.

## I DO ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOW AND UNDERSTAND THE CONTENT THEREOF.

PRINTED NAME OF RIDER

SIGNATURE OF RIDER

DATE

DOG POLICY: No dogs are permitted on the T&SC grounds during a show or clinic. Please initial: \_\_\_\_

MINORS MUST HAVE THE FOLLOWING LIABILITY SIGNED BY A PARENT OR LEGAL GUARDIAN:

I, the undersigned parent or guardian of the above minor rider, for, and in consideration of my child's participation at The Carmel Valley Trail & Saddle Club, state that I have read the waiver, release and hold harmless written above and I expressly agree that the terms and conditions of said waiver, release and hold harmless shall apply to and be binding upon me and my minor child insofar as it pertains to his or her participation. I further warrant I have health and accident insurance on said minor.

I DO ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOW AND UNDERSTAND THE CONTENT THEREOF.

PRINTED NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

DATE

HELMET POLICY: Minors are required to wear a helmet while mounted. Please initial:

\*Additionally, the Trail and Saddle Club reserves the right to use any photographic images of the above-named person taken during this event for future promotional purposes. If you wish to be excluded, please initial: \_\_\_\_\_

Carmel Valley GSVRHA Clinic

Carmel Valley Trail & Saddle Club ~ 85 E. Garzas Road, Carmel Valley CA 93924

**UNDERSTANDING THE RULES:** By Signing and submitting an entry form, the Participant certifies that he/she has read, understands, and agrees to the guidelines of the WSVRHA and GSVRHA guidelines and rules. He/she further certifies that all information on the entry form is true and correct.

PARTICIPANT'S NAME: \_\_\_\_\_

**RELEASE OF LIABILITY:** By Signing below I/We are waiving our right, if any, to claim against, maintain an action against, or recover from any equine activity, sponsors, equine professionals, or any other person for injury, loss, damage, or death resulting from an inherent risks of this equine activity. I/We hereby request to enter the event indicated and agree to abide by the bylaws, standing rules, judging, and rules of the respective organizations involved with this event. I/We hereby release GSVRHA, WSVRHA, Sarah Clifford, Sarah Clifford Training, and Carmel Valley Trail and Saddle Club, its Agents and Employees, and other involved organizations and its members and employees from any loss to myself, employees, horses, and/or equipment while attending and/or participating in this event. The provisions contained herein are hereby made part of this entry agreement. In addition, the general understanding of any publication, video, and internet consent and release agreement, is incorporated in this release including: no monetary considerations, photo or verbal statements may be used now or in subsequent years as the program deems fit, is binding upon heirs and/or future representatives.

PARTICIPANT'S SIGNATURE:	
PARENT/GUARDIAN SIGNATURE:	
MINOR PARTICIPANT'S NAME	DATE

#### PENS AND CAMPING INFORMATION:

I need \_\_\_\_\_ pen(s) for \_\_\_\_\_ nights\* at \$30 per pen, per night. Please bring your own shavings, water bucket and feed. Please clean stall before leaving. Thank you! \*nights (please circle): Friday Saturday

 $\Box$  I will dry camp at the cost of \$10 per night (if yes, please check box)

**TOTAL DUE** for pens and/or camping.