

# Carmel Valley GSVRHA Clinic & Show

## CLINICS

Friday, August 9<sup>th</sup>  
Saturday, August 10<sup>th</sup>

## SHOW

Saturday, August 10<sup>th</sup>  
Sunday, August 11<sup>th</sup>



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

### **Friday, August 9<sup>th</sup> Clinic 1-4pm:**

Trail & Rope-Handling Clinic with  
*Chris Bugenig* and *Sarah Clifford*

### **Saturday, August 10<sup>th</sup> Clinic 8am-12pm:**

Clinicians *John Bishop* (Cutting) &  
*Kathy Torres* (Cow Work & Roping)

### **Saturday, August 10<sup>th</sup> Show 2pm**

Ranch Trail all divisions;  
course walk at 1:30pm

### **Sunday, August 11<sup>th</sup> Show 8am**

Ranch Cutting, Ranch Reined Work,  
Ranch Riding, and Ranch Cow work

**Show Judged by *Bill and Debby Sanguinetti***

Photographer *Lauren Maeve* onsite for Sunday show

*laurenmaev photography.shootproof.com*



# Carmel Valley GSVRHA Clinic & Show

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

**Division:** \_\_\_\_\_ (Open, Advanced, Intermediate, Limited, Novice, Youth, or Walk/Trot)

**Rider** \_\_\_\_\_ **GS Member No.** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Horse** \_\_\_\_\_ **Horse ID/Reg #** \_\_\_\_\_

## Show and Clinic Entries

- All-around Show & Both Clinics **\$575**
- Youth All-around Show & Both Clinics **\$500**
- All-Around Show Entry Only **\$400**
- Friday Clinic Only **\$75**
- Saturday Clinic Only **\$200**
- Both Friday & Saturday Clinics **\$250**
- Youth Friday & Saturday Clinics **\$175**

## Individual Class Entries (if not all-around)

- Ranch Cutting **\$160**
- Ranch Cow Work **\$125**
- Ranch Reining **\$70**
- Ranch Riding **\$70**
- Ranch Trail **\$70**

For more information/questions,  
please contact:

Sarah Clifford (831) 747-7545 or  
Cori Stevenson (408) 406-7312

## Required Fees \$40

- GSVRHA \$15, WSVRHA \$20, and CA Drug Fee \$5

*Note: Each rider **must** be a current member of both GSVRHA & WSVRHA and each horse must have a completed Horse ID through GSVRHA to be eligible for placings and year-end point accumulation*

## Optional Add-Ons

- Select Rider (subdivision rider 60+) **\$40**
- Jr. Horse (subdivision horse 3-5) **\$30**

## **Total Fees:** \_\_\_\_\_

*\*Pen and camping information on liability forms;  
please complete both forms and include with entry*

Please make entry check payable to:

**SARAH CLIFFORD HORSE TRAINING**

Mail entries to: **CORI STEVENSON**  
**1630 TRACY WAY**  
**SAN MARTIN, CA 95128**

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**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 \$25 per stall per night. Please bring your own shavings, water bucket and feed. Please clean stall before leaving. Thank you!

\*nights (please circle):    Thursday            Friday            Saturday            Sunday

I will dry camp at the cost of \$15 for the weekend (if yes, please check box)

\_\_\_\_\_ **TOTAL DUE** for pens and/or camping. Camping and pen registration check (2<sup>nd</sup> check) *must* be payable to **Carmel Valley Trail and Saddle Club** but can be mailed with your entry.

# 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: \_\_\_\_