

Rider Application for Maryal Barnett Dressage Clinic

at Half-Halt Farm, 5133 N. Starnes Road, Bloomington, IN 47404

Clinic dates: October 27-29, 2017

Rider application deadline: October 13, 2017

Check the date(s) you would like to ride: October 27 October 28 October 29

NOTE: Please fill out a separate application for each horse. Thanks!

Rider Information:

Name: _____

Address: _____

Do you have any health restrictions? If so, please list:

Telephone: _____

Email: _____

Horse Information:

Name: _____

Sex (circle one): Gelding Mare Stallion

Height: _____ Age: _____ Color: _____

Breed: _____

Level horse is schooling: _____

Highest level rider has schooled: _____

Brief Bio of Horse and Rider (please use additional paper if necessary):

Fees:

Private lesson fee _____ @ \$155 each _____

Check for Ride-A-Test session, and indicate Saturday or Sunday (circle one) to ride the test, and which test _____

Semi-private lesson fee _____ @ \$80 each _____

Saturday theory session @ \$10. _____

Lunch (_____ @ \$10/day) _____

(Please check date(s): October 28 October 29)

Overnight stall (first night @ \$35) _____

(includes bedding) Please check date:

October 26 October 27 October 28

Overnight stall (_____ additional nights @ \$25) _____

(includes bedding) Please check date(s):

October 27 October 28

Day stall (_____ @ \$20) (includes bedding) _____

Total fees. _____

Less required deposit enclosed \$80

Balance of fees due by October 20 _____

Notes:

Deposits: An \$80 nonrefundable deposit, due by October 13, is required to apply to ride in the clinic.

Health Papers: A current (within one year of clinic) **negative Coggins** is required with application. A current **health certificate** (within 30 days of clinic) is required for all out-of-state horses prior to their arrival.


Auditing: Clinic riders may audit the rest of the day on which they ride at no additional fee. A rider's groom or helper may watch their rider's lesson at no additional fee.

Cancellations: In the event you need to cancel, your deposit is nonrefundable unless your space can be filled from the waiting list. If you need to cancel after the fees due date, your lesson fees are nonrefundable unless your space can be filled from the waiting list. Stabling fees would be refunded. If you apply but do not get into the clinic, you will receive a full refund.

Pets: Please leave pets at home.

Please make the check for your deposit payable to **Half-Halt Farm**, and mail it with your negative Coggins, application, and liability waiver to:

Ann Belth
Half-Halt Farm
5133 North Starnes Road
Bloomington, IN 47404



Auditor Application for Maryal Barnett Dressage Clinic

at Half-Halt Farm, 5133 N. Starnes Road, Bloomington, IN 47404

Clinic dates: October 27-29, 2017

Auditors welcome on: October 28-29, 2017

Auditor application deadline: October 20, 2017

Check the date(s) you would like to audit: October 28 October 29

Name: _____

Address: _____

Telephone: _____

Email: _____

Fees:

Audit fee (___ @ \$20/day) _____

Saturday theory session (\$10). _____

Lunch (___ @ \$10/day). _____

(Please check: October 28 October 29)

Total fees enclosed _____

Notes:

Auditor pre-registration is required, as the number of auditors will be limited due to space considerations. Full payment of the auditing fee is necessary to apply to audit. If you apply but do not get an auditing space, you will receive a full refund. Otherwise, audit fees are nonrefundable.

Clinic riders may audit the rest of the day on which they ride at no additional fee. A rider's groom or helper may watch their rider's lesson at no additional fee.

Auditors must sign a Half-Halt Farm liability waiver.

Out of courtesy to the clinician, please hold any questions until the Q&A period.

Quiet please during lessons. If you would like to visit with someone, the air conditioned and heated tack room is available for your use.

No videotaping or photography is permitted unless on behalf of a clinic rider.

Please leave pets at home.

Please make your check payable to **Half-Halt Farm**, and mail it with your application and liability waiver to:



Ann Belth
Half-Halt Farm
5133 North Starnes Road
Bloomington, IN 47404

Half-Halt Farm, LLC

5133 North Starnes Road, Bloomington, Indiana 47404

Release, Waiver, Consent, and Hold Harmless Agreement

WITNESS THIS RELEASE, dated this _____ day of _____, 2017, by and between _____ (hereinafter referred to as Client), and if Client is a minor, his or her parents or guardian(s): _____; and Half-Halt Farm, LLC and Ann I. Belth (collectively hereinafter referred to as "HHF"). For consideration received in return for Client's use, today and on all future dates, of the property, facilities and services of HHF, and HHF's instructors, employees, drivers, and agents, including but not limited to: Client's participation in horseback riding, horseback riding lessons or horseback riding clinics, as a rider, auditor, or spectator; boarding of Client's horse or pony; trailering of Client's horse or pony; working with equines or being in their proximity; or Client's participation in any other equine activity, with any of the aforementioned activities occurring at HHF's primary location of 5133 Starnes Road, Bloomington, Indiana, at any other HHF location, or conducted by HHF but occurring away from an HHF location (all hereinafter referred to as "Participation"), Client hereby agrees to be bound by the following:

1. Client acknowledges that there are inherent risks associated with equine activities, and these risks include, but are not limited to the following: injury and harm to person or equine; death and permanent disability of person or equine; and loss of, or damage to, property. Client is aware that equines are beasts of prey whose primary instinctive defense when frightened or threatened is to flee, and that they may become violent in their attempt to do so; if they cannot flee, even normally well-behaved equines may become aggressive and cause injury to persons in their proximity. Therefore, Client recognizes that many of the inherent risks associated with equine activities arise because equines by nature are unpredictable in their reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, and because they have the propensity to bolt, buck, bite, kick, shy, rear, or step on people. Further, risks may arise from certain hazards such as, but not limited to, surface and subsurface conditions; collisions with other animals; and the limited availability of emergency medical care.

2. Client expressly assumes all risks in any way connected with Participation. Client expressly accepts personal responsibility for any liability, injury, harm, illness, death, disability, loss, or damage in any way connected with Participation. Further, Client assumes the risk if Client should violate any of the rules of HHF, such as, but not limited to,

the rule that wearing a certified and approved riding helmet is required at all times when mounted. Client assumes all risks and liability of all injuries and damages to Client, Client's equine(s), or Client's property; or caused by Client and/or Client's equine(s). Client agrees that HHF is not liable for those persons that Client invites as guests or as professionals to HHF who may or may not ride or handle horses or ponies while at HHF. Client agrees that HHF does not assume the risk for those persons that come to HHF to visit Client, and to inform Client's guests that if they are going to ride or handle horses or ponies at HHF, they may not do so without first signing HHF's Release, Waiver, Consent, and Hold Harmless Agreement.

3. Client expressly waives, releases, and holds harmless HHF and its members, officers, owners, agents, employees, guests, independent contractors, and assigns from all tort and civil liability arising from, and relating to, Participation, and specifically including the negligence of HHF and its members, officers, owners, agents, employees, guests, independent contractors, and assigns. Client also agrees to defend and indemnify HHF and any of its members, officers, owners, agents, employees, guests, independent contractors, and assigns against any claims or actions resulting from Participation, including all expenses, attorney fees and costs of litigation. This Agreement shall be applicable to, but not be limited to, the following: the use of equipment and tack; the use, quality and condition of the property, facilities, and services of HHF; the lack or inadequacy of policies, rules or regulations of HHF; the failure of HHF to foresee or to protect Client from the actions, inactions, negligence, recklessness, or intentional or criminal conduct of others; the potential of another participant to act in a negligent manner that may contribute to injury to Client, or others, such as failing to maintain control over an equine or not acting within that participant's ability; the inadequacy or unavailability of medical facilities or treatment; the lack or inadequacy of supervision; or theft, fire, disease, or disaster damage.

4. This Agreement shall apply to Client in every respect, regardless of Client's ability, familiarity or experience with equines. Client understands that this Agreement shall be binding upon Client's estate and all of Client's representatives and that this Release, Waiver, Consent and Hold Harmless Agreement shall apply whether Participation occurs upon property owned, leased, or otherwise used by HHF, or is sponsored by HHF but occurs off the property of HHF. In the event Client is a minor, Client's parents or guardian further agree to hold harmless, indemnify and defend HHF and its members, officers, owners, agents, employees, guests, independent contractors, and assigns against any such claims by said minor child.

5. Client authorizes HHF to provide Client, through medical personnel of HHF's choice, customary medical assistance, transportation, and emergency services. This consent does not impose a duty upon HHF to provide such assistance, transportation, or services, and all financial responsibility for the care provided shall remain with Client. Furthermore, Client authorizes HHF to provide or secure customary veterinary assistance, transportation, and emergency services for Client's horse or pony, if, in HHF's discretion, Client's horse or pony is in need of such emergency services and Client either cannot be reached or is incapacitated. HHF will attempt to secure the services of the veterinarian specified by Client, but Client agrees that if the specified veterinarian cannot be reached or is not available, HHF has permission to secure the necessary care through veterinary personnel of its choice. All financial responsibility for the care provided shall remain with Client.

6. In the event Client is using Client's own equine(s), or an equine not owned by HHF, Client warrants said equine(s) shall be free from infection, contagious or transmittable diseases. HHF reserves the right to refuse access or use of any equine upon the property of HHF that, at the discretion of HHF, does not appear to be in good health, or is deemed dangerous or undesirable. Client agrees to abide by and follow the rules and regulations of HHF, which shall be posted and/or available from time to time.

I have read this Agreement. I understand that I have given up substantial rights by signing it, and I am signing it voluntarily. I verify that I fully understand, agree to, and accept all provisions of this Release, Waiver, Consent, and Hold Harmless Agreement.

Signature of Client

Ann I. Belth, Member
Half-Halt Farm, LLC

Ann I. Belth, Individually

If Client is not yet 18 years old (21 years old if out-of-state resident), both custodial parents or the legal guardian(s) must sign:

We have read this Agreement. We understand that we have given up substantial rights by signing it, and we are signing it voluntarily. As the custodial parents or legal guardian of the above named individual, we verify that we fully understand, agree to, and accept all provisions of this Release, Waiver, Consent, and Hold Harmless Agreement.

Signature of Parent or Guardian

Signature of Parent or Guardian

7. If any term or provision of this Agreement or the application thereof to any persons or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this Agreement and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the Agreement shall be valid and enforced to the fullest extent permitted by law. This Agreement shall be governed, construed, and enforced in accordance with the law of the State of Indiana. Any action brought pursuant to this Agreement shall be subject to the jurisdiction of and filed in the Monroe Circuit Court, Bloomington, Indiana.

8. This instrument contains the entire agreement between the parties, and supersedes all prior agreements and understandings between the parties, whether written or oral. This instrument may be amended only in writing signed by Ann I. Belth on behalf of HHF.

WARNING

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Printed Name of Client

Printed Name of Parent or Guardian

Printed Name of Parent or Guardian