

Kopet-Dag Akhal-Teke Hosting:

at JF Stables

21168 Klein Rd, Detroit Lakes, MN 56501

Robert Splaine Clinic

September 8-10th, 2017

Entries are due by **August 25th**, 2017. **Please include: 1.) Entry Form 2.) Signed Liability Agreement 3.) 50% deposit check 4.) Copy of Coggins** Everything can be mailed to **PO BOX 281, Osage, MN 56570**.

Scheduling: Private sessions will be on Friday. The Two-Day Clinic will be on Saturday and Sunday. The ride time for each session will be approximately 60min. Groups will be no more than three riders. **Ride times will be posted by August 28th.**

Two Day Clinic Group sessions will be divided after each rider tells us what fence height they are riding at currently. We will try our best to schedule everyone in a group of similar abilities and experience. Beginners or green horses are welcome and will be scheduled in separate sessions if possible.

Cost of the Two Day Clinic is \$375 per rider. **Private sessions are \$250** per rider. **Auditing is \$10** per day. Riders may audit any/all sessions.

Stabling is scheduled through Johanne Pardiac at (218)849-9545. **\$25 per day**. Stabling is LIMITED! All bedding is provided for stalls.

Deposit of 50% of total fee must be included with entry. Checks can be written out to **Kopet-Dag Akhal-Teke**. Final payment is due before riders first session.

Cancellations and refunds are allowed if a veterinary release is received by September 1st, 2017. Horse rider/substitutions can be made if an appropriate group is available.

Helmets and heeled riding boots are required for every rider. Helmets must be ASTM approved and buckled at all times when mounted.

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Entry Form

(One Form Per Horse/Rider Combination)

Rider:	
Address:	
Email:	
Phone(s):	
Fence Height:	
Horse Name:	

Private Session:	\$
Two-Day Clinic:	\$
Stabling:	\$

Total:	\$
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NOTES:

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Equine Event Participation Agreement, Liability Release and Assumption of Risk Agreement

I AGREE in consideration for my participation in this JF Stables clinic to the following:

I AGREE that I choose to participate voluntarily in the JF Stable Clinic with my horse, as a rider, owner, lessee, or as a parent or guardian of a junior rider, I am fully aware and acknowledge that horse sports and the JF Stables Clinic involve inherent dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries, trauma, pain, suffering or death (“Harm”).

I AGREE that: Should medical treatment be required for participant for whom I am responsible, that I and/or my medical insurance shall pay for **ALL** such incurred expenses.

I AGREE to release JF Stables and Johanne Pardiac from all claims for money damages or otherwise for any Harm to me or my horse or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of JF Stables or Johanne Pardiac.

I AGREE to expressly assume all risks of Harm to my horse, or me, including Harm resulting from the negligence of JF Stables or Johanne Pardiac.

I AGREE to indemnify (that is, to pay any loses, damages, or costs incurred by) JF Stables and Johanne Pardiac for claims made by others for any harm caused by me or my horse at the JF Clinic and to hold them harmless with respect to claims for Harm to my horse, or me.

If I am a parent or guardian of a junior ride, I consent to the child’s participation and **AGREE** to all of the above provisions and **AGREE** to assume all of the obligations of this release on the child’s behalf.

I AGREE that “JF Stables” and “Johanne Pardiac” as used above includes all of their officials, employees, personnel and volunteers.

I represent that I have the requisite training, coaching and abilities to safely participate in this clinic.

BY SIGNING BELOW, I AGREE TO ALL THE ABOVE. The above release also applies to Robert Splaine and Kopet-Dag Akhal-Teke.

Rider Signature (if 18 years or older) _____

Parent Signature (if rider under 18 years) _____