

Red Tail Farm Hosts...
A Dressage Clinic with Gary Rockwell
Monday June 22, 2020
Clinic Registration

CLINIC INFORMATION

1. **OPENS:** Registration Opens Immediately.
2. **CLOSES:** Registration Closes May 22, 2020.
3. **CONTACT:** Erika Olijslager at: rtfdressage@gmail.com.
4. **REGISTRATION FORMS:** ONLY fully completed and signed Registration Forms, with deposit, will be accepted. Absolutely no verbal holds for Clinic spots can be accommodated. Email Registration with mailed check also accepted.
5. **CLINIC FEE:** Clinic Fee is \$275/ride. Fee includes lunch and breakfast for rider and groom. Each rider session with Clinician is 50 minutes.
6. **DEPOSIT:** A minimum of a non-refundable deposit of \$137.50/ride MUST accompany Registration Form. (See #11 for refund information). Full payment also accepted with Registration Form.
7. **BALANCE:** BALANCE of \$137.50/ride MUST be RECEIVED by May 22, 2020.
8. **PAYMENT:** Make check payment to: Red Tail Farm and mail, along with completed Registration Form, with required signatures, to: 1100 Rattlesnake Bridge Road, Bedminster NJ 07921. We do not accept credit cards.
9. **GROOMS:** Each rider in clinic is permitted one groom to audit the entire clinic free of charge. All others who wish to audit must pay audit fee (see #10).
10. **AUDITING FEE:** Auditing Fee is \$40/day, includes breakfast and lunch. Early Auditor Registration Fee is \$30, if registered and paid by June 2, 2020.
11. **COGGINS:** Negative Coggins, within 12 months, required for all horses being hauled in.
12. **VACCINATION RECORD:** Vaccination record required for all horses being hauled in including Flu/Rhino within 6 months of Clinic date.
13. **REFUNDS:** No refund of Clinic fees, unless Organizer is able to fill spot from waiting list.
14. **RETURNED CHECKS:** A \$25 Handling Fee will be assessed for returned checks.
15. **RIDER NOTIFICATIONS:** Riders will be notified once Clinic spots are filled.
16. **WAITING LIST:** When Clinic is full, Riders will be put on the waiting list, in order of Registration receipt date.
17. **GENERAL RELEASE/LIABILITY WAIVER:** All participants and auditors must have a signed General Release/Liability Waiver(s) on file with management.
18. **CHAIRS:** Please bring your own chair.
19. **TIMES:** Tentative time schedule will be posted and emailed by June 15, 2020.
20. **PARKING:** Please adhere to parking directives. No parking on the grass.
21. **FOOD:** Continental Breakfast and full lunch will be provided for all riders and auditors.
22. **LOCATION:** Red Tail Farm, 1100 Rattlesnake Bridge Road, Bedminster, NJ 07921.
23. **STABLING:** No stabling available on site. Please inquire if would like a recommendation for local stabling.
24. **PROTECTIVE HEADGEAR:** ALL RIDERS MUST wear ASTM/SEI Approved Headgear while mounted – there are ABSOLUTELY NO EXCEPTIONS. Any rider found mounted without a properly fitted and secured helmet will be removed from the facility and all Clinic fees forfeited. Thank you for your cooperation.
25. **CODE OF CONDUCT:** Please remember that you are a guest at the Clinic facility and must conduct yourself in a pleasant, polite and professional manner. Failure to be a good citizen, and any cruelty shown towards any horse, will result in removal from the facility and forfeiture of Clinic fees. Please follow the directions of both the Clinic Organizers and Barn Management.
26. **ABSOLUTELY NO DOGS**

Please complete all pages- one registration per person/horse combination.

Mail Completed:

- Participant Information
- Horse Information
- Coggins
- Vaccination report
- Liability Waiver
- Check for non-refundable deposit of \$137.50 (full payment welcome as well)

Rider Information

Name: _____ Age: (If minor) _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____

Email: _____

Emergency Contact: _____
(Name) (Phone)

Horse Information

Horse Name: _____

Age: _____ Breed: _____ Sex: _____

Competition Level: _____

Schooling Level: _____

Horse Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Email: _____

Immunizations & Coggins- *please include copy of most recent vaccination report and coggins within 12 months. Flu/rhino required within 6 months.*

Brief Biography: for print in clinic pamphlet. No more than 300 words.

Please be respectful of the facility; there is NO SMOKING at any time at RTF; NO dogs are allowed.

Participant Signature _____ Date _____

Parent/Guardian Signature, if Participant is a Minor _____ Date _____

**Red Tail Farm, LLC
1100 Rattlesnake Bridge Rd.
Bedminster, New Jersey 07921**

EQUESTRIAN RELEASE

Pursuant to New Jersey Statutes Annotated 5:15-1 et seq., an equestrian area operator is not liable for any injury to, or the death of, a participant in equine animal activities resulting from the inherent risks of equine animal activities.

In connection with all equine animal activities, including boarding and training of horses and ponies, riding lessons and any and all actions necessary, convenient or incidental thereto, (collectively, "Equestrian Activities"), conducted or engaged in, on, or about the premises owned by Linda D LLC, Alvin D LLC, and Jimini LLC ("Owners"), located at 1100 Rattlesnake Bridge Road, Bedminster, New Jersey ("Farm") including but not limited to the Equestrian Activities conducted by Red Tail Farm, LLC, ("Operator"), and in consideration of being granted permission to enter upon the premises of Farm and to participate in Equestrian Activities, and being fully cognizant of the inherent risks and dangers associated with Equestrian Activities,

I the undersigned, being at least twenty-one (21) years of age, on behalf of myself and each minor child (if any) listed below for whom I represent that I am legally responsible and on whose behalf have the legal right to make this release, and for my heirs, executors, administrators and assigns, do hereby agree as follows:

- A. In order to induce Owner and Operator, their respective, directors, members, agents, and/or employees to grant me and my minor children permission to enter upon the premises of Farm and to engage in Equestrian Activities, I do hereby, waive, release, and forever discharge and agree to defend, hold harmless, and indemnify each of the following:

Linda D LLC, Alvin D LLC, and Jimini LLC the "Owners" of the "Farm" at 1100 Rattlesnake Bridge Rd. Bedminster, NJ

Red Tail Farm, LLC, a limited liability company conducting equestrian activities on the Farm. ("Operator")

Linda C. Dietz, director of Red Tail Farm, LLC, and Linda D, LLC; and any other directors or members of Red Tail Farm, LLC and Linda D, LLC

Meredith C. Whaley, an employee of Red Tail Farm, LLC, trainer/manager

their respective agents, servants, employees, and invitees, from and against any and all claims, demands, actions, suits, or other liabilities for damages that may arise out of, by virtue of, or in connection with, any horse ridden by me or any minor child accompanying me to the Farm, and/or as a result of an act or omission of any friend, family member or invitee in connection with any bodily injury, impairment or disability, death, loss or damage to property (personal or real), howsoever caused, suffered or sustained by me or any such minor child accompanying me to the Farm.

- B. I hereby request permission, on behalf of myself and each such minor child I represent (if any), to enter upon the premises of the Farm and to engage in Equestrian Activities. I assume full responsibility for myself and for all minor children accompanying me.
- C. I further authorize Owner, Operator, Trainer/Manager, and/or any authorized agent or employee of the Owner and/or Operator to consent, on my behalf, to any emergency medical treatment that may be required by me, or on behalf of any such minor child(ren) of mine or for whom I represent that I am legally responsible, and do hereby agree to, and do waive, release, and discharge from all liability, and agree to indemnify and hold harmless, any individual(s) giving such consent.

Signed _____ Witnessed _____

Print Name _____ Print Name _____

Street Address _____ Street Address _____

City, State, Zip _____ City, State, Zip _____

Phone (____) _____ Phone (____) _____

Phone (____) _____

Phone (____) _____

Email _____

Name(s) and DOB of Minor Child(ren)

Name _____ DOB _____

Name _____ DOB _____

Name _____ **DOB** _____