

Austin Webster Clinic Application
Sat. & Sun., June 8th & 9th, 2024
at Journey's End Farm



Private 45 Minute Lessons \$170/ride for members
 Closing Date May 25 \$10 CASH/CHECK discount

\$185/ride for non-members

Rider Information (please print legibly)

Name _____ FCEA Member# _____

Address _____
 City, State, Zip _____

Phone # _____ Email Address _____

Rider's Highest level ridden _____

Special Requests:
 Ride time, etc _____

| FEES for lessons | | Days | Sat | Sun |
|--|------------|----------------|-----|-----|
| Rider Fee(s) | Member | \$170/lesson | \$ | \$ |
| | Non-member | \$185/lesson | | |
| Members may submit FCEA \$50 Grants 1/lesson | | | \$ | \$ |
| Discount for CASH or CHECK - \$10 per ride | | | \$ | \$ |
| LATE FEE (if entry received after closing date) \$10 | | | | |
| Checks payable to: French Creek Equestrian Assoc. | | Total Enclosed | \$ | |

Horse Information

Registered Name _____ Barn Name _____

Level of Training _____

Other notes or comments: (Breed, age, etc.) _____

Please include a brief summary of you and your horses training, history, goals or other unique/fun info that the clinician may find helpful.

I enclose herewith a total of \$ _____ for the aforementioned entry, which is made at my own risk and subject to the conditions of the organizer and the sponsoring French Creek Dressage Association/French Creek Equestrian Association.

I understand and agree that the organizer of this activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit, stop or control any action during the activity deemed by the organizer to be improper or unsafe.

SIGNATURE: _____ **Date:** _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor.)



WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT



For and in consideration of French Creek Equestrian Association (FCEA) and Journey's End Farm(JEF) allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, vaulter, lessee, owner, agent, coach, official, trainer, auditor, or volunteer) in an FCEA/JEF sponsored event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities; I, for myself, and on behalf of my spouse, children, heirs, next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

- **ACKNOWLEDGEMENT OF RISK:** I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any FCEA/JEF Event involves risks and danger including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers, or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measure; participants of varying skill levels; situations beyond the immediate control of event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

- **ASSUMPTION OF RISK:** I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the FCEA/JEF sponsored event, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any FCEA/JEF sponsored event. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any FCEA/JEF event.
- **WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:** in conjunction with my participation in any FCEA/JEF event, I hereby release, waive, and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: FCEA/JEF, Event Organizers, Event Participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel, any competition managers, the promoters, sponsors, or advertisers of any FCEA/JEF event; any charity or other beneficiary which may benefit from the FCEA/JEF event; the owners, managers, or lessors of any facilities or premises where a FCEA/JEF Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damages(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the FCEA/JEF Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
- **COMPLETE AGREEMENT AND SEVERABILITY CLAUSE:** This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity or enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any FCEA/JEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

Please check all that apply

Signature: _____
 Print Name: _____
 Emergency Contact No.: _____

Rider/Handler
Owner **Groom**
Trainer **Volunteer**
Auditor **Coach (IF APPLICABLE)**

Print Minor's Name: _____ Minor's Date of Birth: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Emergency Contact No.: _____

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|--|
| Emergency & Stabling Information Austin Webster Clinic June 8&9, 2024 |
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Rider Information *(please print legibly)*

Rider Name Phone #

Horse Owner Name Phone #

In case of Rider Emergency Contact:
Name & Emergency Phone #

In case of Horse Emergency Contact:
Name & Phone#

Veterinarian Info:
Name & Phone#

Horse Information

Horse's name Breed
 Age Height Sex Color

Any special info that should be known about your horse?

Please enter date of negative coggins drawn in 2024 and send a copy.

| | |
|--------------------------------------|-----------|
| Stabling : \$ 25 per day | |
| Payable to Journey's End Farm \$ | |
| Arrival day & time: | Departure |

Send applications & payments to:
 Journey's End Farm
 Rick Silvia
 124 Templin Rd
 Glenmore, PA 19343



Questions: Rick@ricksilvia.com

PLEASE Note: Stabling at the facility barn is Limited.
 First come basis.