



Presents

A Clinic with Allison Springer

July 21, 2019

USEA-SPONSORED EDUCATIONAL ACTIVITY

Closing Date : July 13, 2019 (limited to 20 riders so enter early)

Location: Beverly Equestrian, 7120 Beverly Lane, The Plains, VA 20198

Clinic is open to all riders at all levels, with preference given to USEA Area II Adult Rider Members. Riders will be grouped according to experience level in groups of 4 riders per group and 5 groups maximum. Each group will begin with good flatwork, then onto gymnastic/warm up jumping exercises and finishing with coursework.

Allison Springer represents the best of America’s growing equestrian talent. A consummate athlete and compassionate rider, Allison is one of Eventing’s brightest stars. Allison’s classic position and strong fundamentals highlight her talent, poise, and partnership with the horse. Known for dedication and consistency, Allison actively competes across the United States, trains and shows horses for clients, and teaches professional and amateur riders.

Beverly Equestrian was designed and built to provide excellent all-weather year-round training facilities.

Fees: \$125.00 per rider includes facility fee and lunch

\$75- USEA Area II Adult Rider member

\$ 10.00 - USEA non-member fee (separate checks please, payable to USEA)

Auditing: \$25 – free for AR members (lunch not included)

Stabling: several options in the area, inquire for more information

Directions: Please note that the entrance to Beverly is from Zulla Road only, there is no access from Milestone. After turning onto Beverly Lane, turn right through the stone pillars and park in the paddock immediately to the right.

Rider: _____ Horse: _____

USEA # _____ Adult Rider/ Young Rider / YRAP Program Member#: _____

Phone: _____ Email: _____

Address: _____

Experience: _____

Clinic Fees enclosed: _____

*Total fees, release form and coggins must be enclosed to be registered. **Non-refundable unless space can be filled.** Please make clinic check payable to Area II Adult Rider Program, c/o Carly Eddahri, 575 Teel Mountain Road, Stanardsville, VA 22973 carlyeddahri@gmail.com or 434-242-6698. Checks will not be deposited until after closing date and clinic is confirmed.*

*****CURRENT NEGATIVE COGGINS and USEA RELEASE REQUIRED*****



USEA EDUCATIONAL ACTIVITIES AND SCHOOLING SHOWS RELEASE FORM

NAME OF ACTIVITY/SCHOOLING SHOW: _____ USEA AREA: _____

DATE(S) HELD: _____ LOCATION: _____ STATE: _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA and, where applicable, the **U.S. Equestrian Federation Rules for Eventing**.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the **U.S. Equestrian Rules for Eventing**. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband or bracelet.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity I agree to assume responsibility for those risks, and I release and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational 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.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

PARTICIPANT'S NAME (Please Print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ EMERGENCY CONTACT PHONE: _____

FAX: _____ EMAIL: _____

TRAINER'S NAME (AT THIS EVENT): _____ PHONE: _____

NUMBER OF HORSES I WILL BE RIDING DURING ACTIVITY (if applicable): _____

Current Riding Level (if applicable):

Beginner Novice Novice Training Preliminary Intermediate Advanced

Check appropriate box:

I am a USEA member and my number is #: _____

I am not a USEA member

I am not a USEA member. I wish to join and have enclosed my membership form and dues.

Check here if participant is under 18 years old.

SIGNATURE: _____ Date: _____

(If participant is under 18, Release must be signed by parent or legal guardian, **not by trainer or instructor**. This release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or legal guardian of a minor, will not be accepted in the event a claim is filed.)



BEVERLY EQUESTRIAN

Release, Waiver of Right to Sue, and Assumption of All Risks

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Waiver ("Waiver") is given in part under the VIRGINIA EQUINE ACTIVITY LIABILITY ACT (Code of Virginia Section 3.2-6300 *et seq.*) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Waiver by reference. This Waiver shall be so construed as to provide to Darrin Mollett, Bill Ballhaus, Beverly Polo, LLC, and/or Beverly Equestrian, LLC, (each an Equine Activity Sponsor and/or Equine Professional as those terms are defined in the Act), and their owners, managers, employees, agents, heirs, and successors and assigns (hereinafter individually or collectively referred to as "Beverly") the fullest protection of a release, waiver of right to sue and assumption of all risks that is afforded to Beverly by the Act and by general law.

In consideration for and for the purpose of participating in any Equine Activity, as that term is defined in the Act, and including but not limited to, coming into contact with horses, land, jumps, equipment, or facilities either owned or controlled by Beverly, and/or receiving training or instruction from the agents or employees of Beverly, the undersigned (including any minor in whose behalf the undersigned signs this Waiver, hereinafter referred to as the "Participant") hereby agrees as follows:

The Participant hereby acknowledges that Participant has full and complete notice and understanding of the Act and that Beverly shall not be liable for an injury to or death of Participant resulting from the intrinsic dangers of equine activities and, except as provided in the Act, no Participant nor any Participant's parent, guardian, or representative shall have or make any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the intrinsic dangers of equine activities.

"Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including: (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

The Participant hereby releases and waives all rights that Participant may have or hereafter have against Beverly for death, personal injury or property damage that is in any way associated with the intrinsic dangers of equine activities; Participant does hereby waive Participant's right to sue or to bring any action against Beverly in connection therewith; Participant agrees to indemnify and defend Beverly from and to hold Beverly harmless against any such suit or action; including reimbursement of legal fees associates with the defense of any claim, and Participant hereby expressly assumes all risks and dangers

of death, personal injury and property damages that are in any way associated with the intrinsic dangers of equine activities enumerated above.

The Participant hereby authorizes and consents to any emergency medical care that may at the time appear reasonable and appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an Equine Activity and assumes the costs associated with any such care. Participant also releases and waives all damages, claims and/or causes of action that Participant may have resulting from any emergency medical care administered by Beverly.

This Waiver shall remain valid and in full force and effect from and after the date noted at the signature of the undersigned until expressly revoked by the undersigned in a written notice personally delivered to Beverly.

To the extent possible, this Waiver shall be construed in such manner as will render it, and each provision of it, fully enforceable; but if any provision of this Waiver shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of the Waiver shall continue in full force and effect.

If this Waiver is executed by the undersigned for and on behalf of a minor participant named below, the undersigned hereby warrants and represents that he or she is in fact the parent or legal guardian of such minor, with full rights of custody and control; that this Waiver is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Waiver shall also be as fully binding on the undersigned as if it were entered into solely on his or her own behalf.

This Waiver shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

Participant Signature _____ Parent/Guardian Signature _____

Print Participant Name _____ Print Parent/Guardian Signature _____

Date: _____ Date: _____

IN CASE OF EMERGENCY: Please contact _____ at _____.
NAME CELL