

JP Giacomini Working Equitation and Dressage Clinic
Auditor Registration Form
March 2-4, 2012

Auditor Registration Form + \$35 deposit payment + General Liability Form are due **February 17th, 2012**.

Mail the Auditor Registration and General Liability forms with your check payable to Sunflower Farms to:

Sunflower Farms
19000 128th Street
Bristol, WI 53104
Attn: Clinic Coordinator
Tel: 262-857-8555

Auditor Information												
Name:												
Street Address:												
City, ST, Zip:												
Phone:												
Email:												
Check the dates to audit: <input type="checkbox"/> 3-2-2012 Dressage <input type="checkbox"/> 3-3-2012 Working Equitation <input type="checkbox"/> 3-4-2012 Dressage												
Lunch is included in your fee.												
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Friday, March 2nd, Dressage</td> <td style="width: 10%; text-align: center;">_____</td> <td style="width: 20%;">@ \$35</td> </tr> <tr> <td>Saturday, March 3rd, Working Equitation</td> <td style="text-align: center;">_____</td> <td>@ \$35</td> </tr> <tr> <td>Sunday, March 4th, Dressage</td> <td style="text-align: center;">_____</td> <td>@ \$ 35</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">\$ _____</td> <td></td> </tr> </table>	Friday, March 2 nd , Dressage	_____	@ \$35	Saturday, March 3 rd , Working Equitation	_____	@ \$35	Sunday, March 4 th , Dressage	_____	@ \$ 35	Total	\$ _____	
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Saturday, March 3 rd , Working Equitation	_____	@ \$35										
Sunday, March 4 th , Dressage	_____	@ \$ 35										
Total	\$ _____											
Tours: Sunflower Farms offers guided tours over the extensive grounds and facilities via golf carts. To arrange a tour, stop by the Welcome Center or call 1-262-857-8555.												
Cancellations: a) In the event you need to cancel your audit fee will be refunded.												
Auditing by Riders, Trainers, Grooms, Videographers: a) Riders may audit the clinic at no additional charge on the days they ride in the clinic, otherwise auditing fees apply. b) Trainers, grooms, and videographers accompanying riders may watch their riders at no fee, however, if they are observing other riders, they must pay the audit fee. c) As a courtesy to riders, green and young horses, horses unfamiliar with the coverall type arena, please plan to enter and leave the seating area during breaks or between lessons only. Thank you.												

**JP Giacomini Working Equitation and Dressage Clinic
Rider Registration Form
March 2-4, 2012**

Rider Registration Form, \$100 Deposit, General Liability Form, Negative Coggins Test due *February 3rd, 2012.*
Balance of fees are due by Friday, February 17th, 2012.

Mail documents with check payable to Sunflower Farms to:

Sunflower Farms
19000 128th Street
Bristol, WI 53104
Attn: Clinic Coordinator
Tel: 262-857-8555

Rider Information	Horse Information
Name:	Name:
Street Address:	Breed:
City, ST, Zip:	Gender:
Phone:	Age:
Email:	Height:
Brief Bio of Horse and Rider:	Color:
	Level horse is schooling:
	Highest Level rider has schooled:
Check the dates you want to ride: <input type="checkbox"/> 3-2-2012 Dressage <input type="checkbox"/> 3-3-2012 Working Equitation <input type="checkbox"/> 3-4-2012 Dressage	
Individual Dressage Lesson, 45 minutes each	@ \$150 ea. = \$
Group Working Equitation Lesson, 1.5 hours each	@ \$125 ea. = \$
Overnight Stall	@ \$ 45 ea. = \$
Day Stall	@ \$ 30 ea. = \$
Extra Shavings per bag	@ \$ 7 ea. = \$
Total Fees	\$
Deposit: A \$100 non-refundable deposit is required to hold your space in the clinic, or if the clinic is full, on the waiting list. Payment by check only to Sunflower Farms.	
Full fees are required to hold your space in the clinic, or if the clinic is full, on the waiting list. Payment by check only to Sunflower Farms. Full fees due February 17th, 2012.	
Tours: Sunflower Farms offers guided tours over the extensive grounds and facilities via golf carts. To arrange a tour, stop by the Welcome Center or call 1-262-857-8555.	
Cancellations:	
a) In the event you need to cancel after February 17th, your lesson fees will be non-refundable unless your space can be filled from the waiting list.	
b) Stabling fees will be refunded if you cancel or if you are on the waiting list and do not get into the clinic.	
Auditing: Registration in advance is required. (Auditor Registration Form):	
a) Riders may audit the clinic at no additional charge on the days they ride in the clinic. Otherwise, auditing fees apply.	
b) Trainers, grooms and videographers accompanying riders may watch their riders at no fee. Otherwise auditing fees apply.	
c) As a courtesy to riders, green and young horses, or horses unfamiliar with coverall-type arenas, audiences or speakers, please plan to enter and leave the seating area during breaks or between lessons only. Thank you.	

RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

The undersigned Client/Participant/Spectator/Visitor/Guest (collectively "Client"), on his/her own behalf and as the Parent(s)/Legal Guardian(s) of a minor Client, for good and valuable consideration, agrees to the following terms and conditions of this Release, Waiver, Hold Harmless, and Indemnification Agreement ("Agreement"):

1. **Assumption of Risk and Waiver:** Client understands and accepts the risks of engaging in equine activities and merely being near a horse, mule, or pony (collectively "equine"), including: (i) The propensity of an equine to behave in a way that may result in injury or death to a person on or near it; (for example, jump, run, kick, buck, bolt, spin, rear up, strike, or bite); (ii) The unpredictability of an equine's reaction to a sound, movement or unfamiliar object, person or animal (for example, kick, buck, bolt, spin, rear up, strike, or bite); (iii) A collision with an object or another animal; (iv) The potential for a person participating in an equine activity to act in a negligent manner, to fail to control the equine or to not act within his or her ability; (v) Natural hazards, including surface and subsurface conditions. Client understands the resulting injuries, death, and property damage that may result from the accepted risks of engaging in equine activities or just being near an equine, that equines are powerful and have the potential to be dangerous, even without warning, and that the risks listed in this Agreement are just a sampling and Client is not relying on Released Parties (as defined below) to list all possible equine-related risks. Client therefore agrees, on his/her own behalf and on behalf of his/her minor Client, that he/she understands the risks and dangers inherent in equine activities and agree to assume them on his/her own behalf and on behalf of minor Client, to at all times to be responsible for his/her personal safety, remain financially responsible for his/her medical expenses, and waives his/her right to any claims arising from his/her participation in or observation of any equine activities, being near an equine, or mere presence on the property of Sunflower Farms, LLC ("Facility").

2. **Release, Hold Harmless, Indemnification:** Client agrees to release and hold Facility's owners, managers, officers, directors, members, partners, subsidiaries, affiliates, agents, attorneys, assistants, representatives, assigns, volunteers, employees, independent contractors, trainers, and others acting on their behalf, as well as the heirs and other relatives of the individuals listed above (collectively "Released Parties"), harmless for any illness, injury, death, damage, or other loss incurred by Client unless caused by Released Parties' gross negligence or wanton and willful misconduct. Client agrees to indemnify Released Parties against injuries and damages sustained or suffered by any third party, whether caused by Client directly or indirectly, and which includes reimbursement of Released Parties' attorneys' fees.

3. **Governing Law and Time Limitation:** This Agreement shall be construed and enforced in accordance with the laws of the State of Wisconsin. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the federal or state court in Lake County, Illinois. The parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Client agrees that any and all claims and/or causes of action, for injury, death, property damage, or other claims or losses by Client, on his/her own behalf and/or on behalf of a minor Client, against the Released Parties, must be brought within one (1) year of the date they accrue.

4. **Attorneys' Fees:** Client agrees to reimburse Facility for any and all attorneys' fees and costs incurred by Facility in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of action involving, or in any way relating to, Client.

5. **Client Certification:** Client certifies that he/she has read this entire Agreement and understands, agrees, and intends on his/her own behalf, and on behalf of his/her minor Client, spouse, heirs, agents, representatives, relatives, successors, and assigns, to be bound by all of the terms and conditions contained herein.

NOTICE: A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481(1)(E) OF THE WISCONSIN STATUTES.

Date	Print Name	Signature (Parent or Guardian if Minor)	Address	Telephone #