



DraftFest and Friends Driving Symposium May 11, 2011

Time	Leslie Berndl	Gerard Paagman	Jeanne Williams	Vernon Helmuth
8:00 - 9:15	Strategies on the dressage court, walking your test	Reinboard including Achenbach and 4-up practice	N/A	~~Lecture and Demonstration - "The importance of having a good foundation"
9:15 - 10:00	Break			
10:00 - 12:00	**Driven Dressage (your horse)	*Driving a team of 4 horses Hands on with SEC Horses or your own	~~Long Lining with SEC Horses or your own	~~Driving Singles - SEC Horses or your own
12:00 - 1:00	Lunch			
1:00 - 2:15	Strategies for your cones course, walking the course	Lecture/Demo Principles of Tandem Driving/Hitching Tandem	N/A	~~Starting Horses in the round pen - lecture and demonstration - getting respect
2:15 - 3:00	Break			
3:00 - 5:00	**Driving Cones Your horse	*Driving Tandem (SEC Horses) or your own	~~Long Lining SEC Horses or your own	~~Driving Pairs SEC Horses or your own.
6:00 - 9:00 Sargent Social featuring today's clinicians - Panel Discussion/Presentation Light Dinner provided, please RSVP				

General Clinic Information

- Limited to 4 people per section, first come, first served
- *drivers must have experience driving singles and pairs
- **best suited for drivers with at least basic driving experience up to advanced level
- ~~all drivers welcome
- \$175 - All Day Session - Includes 4 sections and Social
- \$100 - AM or PM Session - Includes 2 Sections and Social
- \$75 - Single Session - 1 Section and Social
- \$30 - Audit (Juniors Audit Free) and Social



DraftFest Driving Symposium Registration				
Name:				
Address:				
Phone:			Email:	
Driver Level: (Circle One) Novice Intermediate Advanced				
Horse Information:		Name:		Sex/Breed:
Horse's Training/Level of Experience:				
Horse #2 Name:			Sex/Breed	
Horse's Training/Level of Experience				
Sessions :				
<input type="checkbox"/> Total Clinic		Circle 4 Sessions		<input type="checkbox"/> AM or PM
<input type="checkbox"/> 1 Session		Circle 1 Session		<input type="checkbox"/> Audit
8:00 – 9:15	Leslie Berndl	Gerard Paagman		Vernon Helmuth
10:00 – 12:00	Leslie Berndl	Gerard Paagman	Jeanne Williams	Vernon Helmuth
1:00 – 2:15	Leslie Berndl	Gerard Paagman	Jeanne Williams	Vernon Helmuth
3:00 – 5:00	Leslie Berndl	Gerard Paagman		Vernon Helmuth
Only 4 people per session *1 st come, 1 st served – if your choice is not available, we will call you				
Description			Total	
Total Clinic (4 sessions): \$175				
AM or PM Session: \$100				
1 Session : \$75				
Audit: \$30				
Stalls \$30/per horse/per night				
Paddock: \$20/per horse/per night				
Dry Camping: \$10/per night				
Trailer in: \$20 per day				
Total Due:				
I'll be staying for the Friday Night Social			YES/NO	
I'm showing, my entry is attached:			YES/NO	
DATE IN:		DATE OUT:		

Full payment required for enrollment. First Come, first served. We will notify you if your chosen spot is full. You may be placed on a wait list. \$25 non-refundable office fee. Refunds only if your spot can be filled.



USE AGREEMENT AND LIABILITY RELEASE
All Clinic Participants and Show Competitors must sign and send with registration
(PLEASE READ CAREFULLY)

This agreement, dated _____ is made between Sargent Equestrian Center LLC, a California corporation ("SEC"), and _____ (print your name).

WHEREAS, I understand and acknowledge that activities involving horses ("Equine Activities"), including but not limited to the mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the participant in such activity as well as to the person or property of others; and

WHEREAS, I understand and recognize and warrant that this Release, Waiver of Liability and Indemnity Agreement ("Release") is being voluntarily and intentionally signed and agreed to, and that in signing this Release I know and understand that this Release may further limit the liability of equine professionals to include any activity, whatsoever, involving horses, including death, personal injury and/or damage to property. NOW THEREFORE, in consideration of being granted access and/or use of the facilities of SEC and for other good and valuable consideration, receipt of which is hereby acknowledged, I agree as follows:

1. Assumption of the Risk. I hereby assume full responsibility for, and risk of, any death or bodily injury to myself or others (including, but not limited to, those matters set forth in the above recitals) and damage to or destruction of my property or the property of others, caused by my engaging in any Equine Activity either on the premises of SEC or elsewhere while working with an SEC equine professional, unless such bodily injury or property damage is attributable in full or in part to the gross negligence of SEC. My responsibility includes, but is not limited to, payment of (i) medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages, etc.

2. Release, Waiver of Liability, and Discharge of Claims.

(a) I hereby release, waive, and discharge any and all claims that I may now or in the future have for damages against SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, arising directly or indirectly from my death, the death of any other person, bodily injury to me or others, or damage to my property or that of others, attributable to my engaging in Equine Activities, or my presence on SEC's premises.

(b) I acknowledge that SEC requires me to wear AHSA approved headgear with a chin strap while jumping. SEC requires a **minor (under 18 years of age)**, to wear such headgear at all times when riding or driving horses unless the **Minor Helmet Release** signed by parent or guardian is on file. I understand and acknowledge that the risk of head injuries and death are significantly reduced by wearing appropriate headgear. I hereby release, waive, and discharge SEC, including its owners, occupants, tenants, subtenants, licensees, employees, officers, directors, or agents and the respective affiliated entities or persons of any one or more of them, against any and all claims that I may now or in the future have for damages resulting from my failure to wear headgear while riding either on SEC's premises or at an offsite facility.

(c) **This release is intended to release, waive and discharge, in advance, SEC, together with its owners, occupants, tenants, subtenants, employees, officers, directors and their respective affiliates or persons of any one or more of them, from and against any liability arising out of or connected in any way with my or my guests or invitees engaging in any Equine Activities on the SEC premises or in any activity in which an SEC representative is required to attend on my behalf, and/or my or my guests or invitees presence on the SEC premises, even though such liability may be attributable, in full or in part, to the negligence, recklessness or misconduct of one or more of such persons or entities.**

(d) **Medical Authority.** I, (participant, or if minor, parents/guardians) hereby grant permission and authority to SEC, its officers and authorized employees to act for me in executing verbal instructions or if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the person named above in the event of any perceived medical emergency. I hereby covenant and agree to release SEC its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, and hold harmless from liability connected with obtaining prompt medical attention for the person named above.

(e) In accordance with such release, waiver, and discharge, and in consideration of being allowed to utilize and/or visit the SEC facilities, I promise not to sue or demand any money or anything else of value from SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them.

3. Indemnification. I agree to completely indemnify and hold harmless SEC, including any of its owners, occupants, tenants, subtenants, employees, officers, directors, or agents and their respective affiliates or persons of any one or more of them, from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including attorney's fees, which are occasioned by, or otherwise attributable to, matters for which I have assumed the risk and for which I am responsible in accordance with Section 1 hereof, and for any actions brought by my guests or invitees.

Initial this page(____)

4. Binding Nature of Agreement. I agree that this Agreement shall be binding on my personal representatives, heirs



and assigns.

5. Governing Law. This Agreement shall be governed by, and construed in accordance with, the internal substantive laws of the State of California, without regard to the choice of law rules thereof. I hereby submit to the in personam jurisdiction of the State of California. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in San Joaquin County, California.

6. Severability. In the event that any provision of this Agreement shall be void or unenforceable for any reason, then such provision shall be stricken and of no force and effect. The remaining provisions of this Agreement, however, shall continue in full force and effect, and to the extent required, shall be modified to preserve their validity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE RELEASE OF LIABILITY AND ACCEPTANCE OF RESPONSIBILITY.

PRINT NAME OF PARTICIPANT SIGNATURE OF PARTICIPANT DATE

MINORS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor named above. The undersigned has read the foregoing Release, Waiver of Liability and Indemnity Agreement, and in consideration of SEC allowing the below named minor onto its premises and/or allowing such minor to participate in Equine Activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

If under 18, signature of both parents (if applicable) and/or guardian is required.

PRINT NAME OF PARTICIPANTS PARENT SIGNATURE OF PARTICIPANTS PARENT DATE
OR LEGAL GUARDIAN OR LEGAL GUARDIAN

PARTICIPANTS ADDRESS IN FULL

HOME PHONE WORK PHONE CELL PHONE

PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP PHONE #1 PHONE #2

MINORS HELMET RELEASE

(parents to sign only if they give consent for minor to ride/drive without a helmet)

We, the parents (guardian) of _____ a minor, understanding that wearing helmets is recommended while horseback riding/driving as protection from potentially life threatening head injury, give our consent for her/him to ride **without a helmet** at Sargent Equestrian Center. We indemnify and holds harmless SEC and its owners, employees or agents from responsibility should injury occur as a result. We understand helmets will be required for all persons jumping.

PRINT NAME OF PARTICIPANTS PARENT SIGNATURE OF PARTICIPANTS PARENT DATE
OR LEGAL GUARDIAN OR LEGAL GUARDIAN

PRINT SIGNATURE OF WITNESS SIGNATURE OF WITNESS DATE

Sargent Equestrian Center

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