



2021 Year End Clinic with Rita Brown Entry Form

November 20th and 21st

Entries open October 15, 2021 Entries close on November 5, 2021 (in hand)

Rider Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Horse's Name: _____

Horse's Age: _____ Horse's Gender (circle): M G S

Saturday only: _____ Sunday only: _____ BOTH days: _____

Please briefly describe your level of riding and your horse's level of training: _____

Lessons are \$150 and two designated spots for juniors each day. This clinic is open to members only

Cancellation Policy: Cancellations PRIOR to the closing date will be refunded. Cancellations AFTER the closing date are refundable ONLY IF THE SLOT IS FILLED by an alternate rider.

I hereby attend this camp/clinic/competition at my own risk, subject to the rules of the Charles River Dressage Association, Inc. ("CRDA") and the hosting facility. I hereby agree to be responsible for any injury or damages that may occur to myself or others, or be caused by animals, vehicles, trappings or belongings to or exhibited by me. I further agree to be absolutely responsible for the physical condition of any animal under my control or ownership and will also release, indemnify and save harmless CRDA and its directors, officers, members, and volunteers, the hosting facility, its owners, employees and agents; any and all clinicians, instructors, managers, volunteers, and any of their agents from any damage, expense and/or liability arising out of or resulting from any act or omission of myself, CRDA, hosting facility, clinicians, instructors, and their agents, servants or employees. I certify that all my horse(s) are free from contagious disease. Warning: an Equine Professional is not liable for any injuries to, or death of, a participant in equine activities, pursuant to Chapter 128, Section 2D of the Massachusetts General Laws.

Signature: _____ Date: _____

Must be signed by Parent or guardian if under age 18

You may join CRDA online and send in PayPal receipt along with entry form

Did you...

Include your check/s?

Include Completed Entry Form

Sign and include the Apple Knoll Farm Release?

Include a copy of a current Coggins?

MAIL TO: Angela Rice, 829 NW Main St, Douglas MA 01516

Questions? Email or text: Angela Rice angelarice3737@gmail.com or 860-617-5675

Apple Knoll Farm Release & Indemnity Agreement:

I hereby agree to indemnify and release Hatrick, Inc. and Apple Knoll Farm, and all associated persons, employees, agents, and representatives from liability for any and all accidents or injuries sustained by me, my employees, heirs, representatives, dependent's, or guests, while participating in any equestrian related activity at Apple Knoll Farm, or under the auspices of Hatrick, Inc. It is understood that whenever the words Stable Owner are used in this agreement, it includes landowners, stable owners, trainers, independent contractors, employees, and any other individual related to the ownership or management of the horse and training facility of Hatrick, Inc. and Apple Knoll Farm

As an owner, student, contestant, spectator, employee, independent contractor, or parent, I/We the undersigned, recognize that all equestrian related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the ring/ground footing is rarely perfect. In light of this knowledge, I/We undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives, and guests. I/We further understand that wearing an approved hard hat is always required while mounted on Apple Knoll Farm property. With full knowledge, I/We release the herein named Hatrick, Inc. and Apple Knoll Farm from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in or as a spectator of any equestrian related activity at Apple Knoll Farm, or while trainers, independent contractors, or other individuals related to Hatrick, Inc.

Signing this release implies that I/We have adequate medical and liability insurance/protection and that Hatrick, Inc. and Apple Knoll Farm will assume no responsibility for horse and rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right or action against Hatrick, Inc. or Apple Knoll Farm employees, independent contractors, landowners, or any of their insurance carriers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of the Stable/Owner and affiliated persons, as discussed above.

If damage is caused by or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property, or other horses and agrees to indemnify Hatrick, Inc. and Apple Knoll Farm and affiliated persons against liability for such damages

The undersigned further agrees to indemnify Hatrick, Inc. and Apple Knoll Farm against any liability for physical loss or injury, or damage causing death, or making destruction necessary to the horse of the undersigned under the care of the Stable Owner.

It is understood that Hatrick, Inc. assumes no responsibility for any personal property of the undersigned and any said property is stored on the premises of Apple Knoll Farm at the sole risk of the Horse Owner.

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

Health Care Provider/Insurance No#: _____

Allergies: _____

I, hereby grant Hatrick, Inc. and Apple Knoll Farm, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well-being of the above-named individual.

Coronavirus / Covid-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

CRDA, Hatrick, Inc. and Apple Knoll Farm have put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your guests will not become infected with COVID-19. Further, attending CRDA / Hatrick, Inc. / Apple Knoll Farm events could increase your and your guests risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my guests may be exposed to or infected by COVID-19 by attending CRDA / Hatrick, Inc. / Apple Knoll Farm events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at CRDA / Hatrick, Inc. / Apple Knoll Farm may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CRDA / Hatrick, Inc. / Apple Knoll Farm employees, volunteers, and event participants and their families or guests.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my guests (including, but not limited to, personal injury, disability, and death), illness, expense, of any kind, that I may experience or incur in connection with my attendance at CRDA / Hatrick, Inc. / Apple Knoll Farm or participation in CRDA / Hatrick, Inc damage, loss, claim, liability, or. / Apple Knoll Farm events. I hereby release, covenant not to sue, discharge, and hold harmless the Hatrick, Inc. / Apple Knoll Farm, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of CRDA / Hatrick, Inc. / Apple Knoll Farm, its employees, agents, and representatives, whether a coronavirus, COVID-19 infection occurs before, during, or after participation in any activity at CRDA / Hatrick, Inc. / Apple Knoll Farm.

Rider/Handler-Signature
(mandatory)

Print Name

Owner/Agent Signature
(mandatory)

Print Name

Parent/Guardian Signature
(Required if Rider/Handler is a
minor)

Print Name

PLEASE PRINT ALL INFORMATION CLEARLY

Rider/Participant Name: _____

Address: _____

City/State: _____ Zip: _____

Date of Birth: _____

Home Telephone:

() _____ Work Telephone: () _____

Cell Phone:() _____ Email: _____

Parent/Guardian Name:(If Rider under 18): _____

Address of Guardian: _____

Telephone of Parent / Guardian: _____

EMERGENCY INFORMATION

Emergency Contact/Telephone Number: _____

Alternate Emergency Contact/Telephone Number: _____

I, hereby grant Hatrick, Inc. and Apple Knoll Farm, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well being of the above-named individual.

Signature: _____ Date: _____
(Parent/Guardian must sign if rider is under 18 years of age)