



**Freedom of Movement with Laurian Pope
Clinic Entry Form
May 20, 2023**

Entries open 4/3/2023. Entries close on 5/12/2023

Participants for this clinic are chosen by postmark date - *Hand deliveries not accepted*

Name: _____

Address: _____ City, State, Zip:

Phone: _____ Email:

This is a non mounted clinic that will be held at Apple Knoll Farm 25 Forest Lane, Millis, MA. Length of clinic will be approximately two hours. Maximum of eight participants. We will add a second session if entries allow. Entries will be accepted in the order received.

<http://www.laurianpoppe.com/>

Cost: CRDA member \$75 Non-member \$85

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 participant.

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 with your clinic entry to receive Member rates *

[Print Member Form](#)

Add the completed form with a separate check (made out to CRDA) with your clinic entry - see below

Did you...

Include your check/s?

Include Completed Entry Form

Sign and include the Apple Knoll Farm Release?

MAIL TO: Carol Burkhart

4 Jade Walk

Medfield, MA 02052



Apple Knoll Farm Release - 2023

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, dependants, or guests, while participating in any equestrian related activity at Apple Knoll Farm, or under the auspices of Hatrick, Inc. It is understood that whatever 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 required at all times 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.



Apple Knoll Farm Release - 2023

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

Whom to Call in Case of Emergency: _____

Telephone: () _____

Health Care Provider/Insurance No#: _____

Allergies: _____

Emergency Contact: _____

Alternate Emergency 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)