



**GRAY HORSE DRESSAGE**  
Equestrian Event Management  
[www.grayhosedressage.com](http://www.grayhosedressage.com)  
[info@grayhosedressage.com](mailto:info@grayhosedressage.com)  
805.479.3398

*GRAY HORSE DRESSAGE Presents a Clinic with*

# GARY ROCKWELL

**International FEI 5\* Judge, Three-Time Olympic Judge, and USDF Faculty Member**

**Date: October 24th & 25th, 2020**

**Location: Performance Sporthorses, LLC  
at Liberty Farm  
Middleburg, VA**

**Participant Fee: \$300/ride**

**Auditor Fee: \$35/day** (early registration – by October 4th)  
**\$45/day at the door**  
Auditor fee includes breakfast and lunch.



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As a member of the United States Equestrian Team, Gary Rockwell represented the United States in competition throughout Europe. Gary, and his Danish mare "Suna", won a Team Silver medal at CHIO Rotterdam in 1993 and a Team Bronze at the 1994 World Championships at The Hague, Netherlands.

As a USEF judge for more than 25 years, he has officiated at many regional finals and national championships. As an FEI judge, he officiated at North American Young Rider Championships, FEI Challenge Tours, European Championships, four World Cup Finals, the 2008 Olympic Games in Hong Kong, the 2012 Olympic Games in London and the 2016 Olympic Games in Rio de Janeiro.

**For Information, Rider Registration Forms and Auditor Registration Forms, please visit:**

**[www.grayhosedressage.com](http://www.grayhosedressage.com)**

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**CONTACT:**  
Joanna Gray-Randle  
[grayhosedressage@gmail.com](mailto:grayhosedressage@gmail.com)

2016 Grand Champion Stallion  
GANGUSOP BCS East Coast Final

2012 Dressage All-Star Division  
Dr. Robert Miller Memorial International Trophy  
Show in the USA Champion Stallion

2014 Dressage All-Star Division  
Bred in the USA Champion  
2010 Continental Mareholder

[www.royaltourmaletspf.com](http://www.royaltourmaletspf.com)

#### JOANNA GRAY-RANDLE

USDF Gold, Silver, Silver Freestyle & Bronze Medalist  
USDF L Program Graduate w/Distinction

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- Horse Show / Clinic / Equestrian Event Liability
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- Personal Horse Owner Liability

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Gray Horse Dressage presents

## GARY ROCKWELL CLINIC

at Liberty Farm, Middleburg, Virginia

October 24<sup>th</sup> and 25<sup>th</sup>, 2020

### CLINIC INFORMATION • PLEASE READ CAREFULLY AND THOROUGHLY!

1. **OPENS:** Registration Opens Immediately.
2. **CLOSES:** Registration Closes September 24th, 2020.
3. **CONTACT:** Joanna Gray-Randle at: [info@grayhosedressage.com](mailto:info@grayhosedressage.com), or 805.479.3398.
4. **REGISTRATION FORMS:** ONLY fully completed and signed Registration Forms, with deposit, will be accepted. Email Registration with credit card accepted.
5. **CLINIC FEE:** Clinic Fee is \$300/ride.
6. **DEPOSIT:** A minimum of a non-refundable deposit of \$150/ride **MUST** accompany Registration Form. (See #11 for refund information). Full payment also accepted with Registration Form.
7. **BALANCE:** BALANCE of \$150/ride **MUST** be **RECEIVED** by September 24th, 2020.
8. **PAYMENT:** Make check payment to: Gray Horse Dressage and mail, along with completed Registration Form, with required signatures, to: **P.O. BOX 399, Round Hill, VA 20142**. We also accept MC/Visa/Discover with a small Processing Fee.
9. **AUDITING FEE:** Auditing Fee is \$45/day, includes breakfast and lunch. Early Auditor Registration Fee is \$35, if registered and paid by October 4th, 2020.
10. **COGGINS:** Negative Coggins, within 12 months, required for all horses being hauled in.
11. **REFUNDS:** No refund of Clinic fees, unless Organizer is able to fill spot from waiting list.
12. **RETURNED CHECKS:** A \$35 Handling Fee will be assessed for returned checks.
13. **RIDER NOTIFICATIONS:** Riders will be notified once Clinic spots are filled.
14. **WAITING LIST:** When Clinic is full, Riders will be put on the waiting list, in order of Registration receipt date.
15. **GENERAL RELEASE/LIABILITY WAIVER:** All participants and auditors must have a signed General Release/Liability Waiver(s) on file with management.
16. **CHAIRS:** Please bring your own chair.
17. **TIMES:** Tentative time schedule will be emailed by October 17th, 2020.
18. **PARKING:** Please adhere to parking directives.
19. **FOOD:** Continental Breakfast and full lunch will be provided for all participants and auditors.
20. **LOCATION:** Liberty Farm, 36658 Leith Lane, Middleburg, Virginia 20117.
21. **STABLING:** Limited Clinic Stabling available on site. Rate: \$125: 10/23 PM – 10/25 PM. Day Stalls \$50/day.
22. **PROTECTIVE HEADGEAR:** ALL RIDERS MUST wear ASTM/SEI Approved Headgear while mounted – there are **ABSOLUTELY NO EXCEPTIONS**. Any rider found mounted without a properly fitted and secured helmet will be removed from the facility and all Clinic and stabling fees forfeited. Thank you for your cooperation.
23. **CODE OF CONDUCT:** Please remember that you are a guest at the Clinic facility and must conduct yourself in a pleasant, polite and professional manner. Failure to be a good citizen, and any cruelty shown towards any horse, will result in removal from the facility and forfeiture of Clinic and stabling fees. Please follow the directions of both the Clinic Organizers and Barn Management.
24. **ABSOLUTELY NO DOGS!**

Mail Completed Registration Form, Deposit and/or Final Payment, payable to Gray Horse Dressage,  
to: GHD | PO Box 399 • Round Hill, VA 20142  
Or, email Completed Registration Form with Credit Card Information  
to: [info@grayhosedressage.com](mailto:info@grayhosedressage.com)



Gray Horse Dressage Presents  
**GARY ROCKWELL CLINIC**  
LIBERTY FARM – OCTOBER 24<sup>TH</sup> and 25<sup>TH</sup>, 2020  
**AUDITOR REGISTRATION FORM**

OFFICE USE ONLY

DATE:

PAYMENT:

**GARY ROCKWELL CLINIC - AUDITOR REGISTRATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SATURDAY, OCTOBER 24 <sup>TH</sup>	AT THE DOOR		X	\$45.00	=	
SATURDAY, OCTOBER 24 <sup>TH</sup>	*EARLY REGISTRATION (by October 4 <sup>th</sup> , 2020)		X	\$35.00	=	
SUNDAY, OCTOBER 25 <sup>TH</sup>	AT THE DOOR		X	\$45.00	=	
SUNDAY, OCTOBER 25 <sup>TH</sup>	*EARLY REGISTRATION (by October 4 <sup>th</sup> , 2020)		X	\$35.00	=	
Credit Card Processing Fee (where applicable) – 3% of total charge						=

MAKE CHECKS PAYABLE TO: **GRAY HORSE DRESSAGE**  
Mail to: **GHD, PO Box 1198, Sound Beach, NY 11789**

**TOTAL:**

**CREDIT CARD PAYMENTS – VISA/MASTERCARD/DISCOVER**

<b>CARD #:</b>	
<b>NAME ON CARD:</b>	
<b>EXPIRATION DATE:</b>	<b>CV CODE:</b>

**GENERAL RELEASE/LIABILITY WAIVER**

SINCE ALL HORSE RELATED ACTIVITIES ARE INHERANTLY DANGEROUS, ALL COMPETITORS, OBSERVERS, AND GUESTS, HEREIN COLLECTIVELY REFERRED TO AS "GUESTS", MUST ASSUME ALL RISKS ASSOCIATED WITH SUCH ACTIVITIES BY SIGNING THIS GENERAL RELEASE/LIABILITY WAIVER THEREBY RELEASING Gray Horse Dressage, Joanna Gray-Randle, Julie Cannova, The O'Neill Family, Wanjia Gerlach, Melissa Gerlach, and all at Liberty Farm (collectively known as "Clinic Management Team") FROM ANY AND ALL LIABILITY ASSOCIATED WITH HORSE RELATED ACTIVITIES.

**"Guests", as well as the Undersigned's and Guest's personal representatives, assigns, heirs, and next of kin, or any of them, hereby:**

1. Releases, waives, discharges, and covenants not to sue Clinic Management Team and/or Localities, and each of them, their officers, directors, shareholders, employees, assistants, owners and/or agents, (herein the "Releasees"), from all liability to the Undersigned [and/or Guest], [his or her] personal representatives, assigns, heirs, children, and next of kin for all loss or damage, and any claim or demands therefor, on account of injury to the person or property (including without limitation horse(s)) or resulting in the death of the Undersigned [and/or Guest], whether caused by the negligence of Releasees, or any of them, or otherwise, while the Undersigned [and/or Guest] is upon the premises of Localities as a riding and/or competition client, Guest and/or under the direction, supervision, guidance or control of Clinic Management Team, and/or any other persons or by oneself; and
2. Agrees to indemnify and save and hold harmless the Releasees, and each of them, from any and all loss, liability, damage, injury to self, horse(s) or others, fees or costs they may incur due to the presence of, or any action of, the Undersigned [and/or Guest] in or about the premises of Localities as a riding and/or competition client and/or Guest while under the direction, supervision, guidance and/or control of Clinic Management Team, and/or any other persons or by oneself; and whether caused by the negligence of the Releasees, or any of them, or otherwise and/or while participating in any and all horse related activities.
3. The Undersigned expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New York, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Additionally, the Undersigned also agrees that the foregoing release, waiver, and indemnity agreement, shall also apply in the event Clinic Management Team provides the Undersigned [and/or Guest] with instruction and/or training at locations other from Localities, including without limitation, at competitions, trail rides, and/or clinics, under the direction of anyone else, or alone.
4. The Undersigned warrants the following are true and correct and understands that the Releasees have relied on them in entering into the foregoing release, waiver, and indemnity agreement, and in giving the Undersigned [and/or Guest] permission to enter Localities, and/or to participate in horse related activities as a riding and/or training client and/or Guest under the direction, supervision, guidance and/or control of Clinic Management Team:
5. No oral representations, statements, or inducements apart from the foregoing written agreement have been made by the Releasees, or any of them;
6. The Undersigned [and/or the Guest] is fully aware of the risks and hazards inherent in entering upon said premises and/or in participating in horse related activities (including without limitation, riding on the flat, riding over fences, riding in competition, and all forms of horse handling, including without limitation, leading, grooming, lunging, bathing and holding) and hereby elect voluntarily to enter upon said premises and/or engage in horse related activities. The Undersigned [and/or Guest] hereby voluntarily assumes all risks of loss, damage, injury, or death, that may be sustained by the Undersigned [and/or Guest], any damage to any property of the Undersigned [and/or Guest], while in or upon said premises, while as a riding and/or training client or Guest under the direction, supervision, guidance and/or control of Clinic Management Team, or anyone else, or alone; and/or while engaging in any and all horse-related activities.

In the event of injury or sickness, that the Undersigned [and/or Guest] gives consent to whatever medical care might be provided, if any, and further agrees to conform and comply with all rules and regulations set by Localities and/or Clinic Management Team.

I HAVE READ AND UNDERSTAND THE FOREGOING, AND UNDERSTAND THAT I AM RELEASING CLAIMS THAT I MIGHT NOW POSSESS, OR IN THE FUTURE MAY POSSESS, AGAINST CLINIC MANAGEMENT TEAM AND/OR LOCALITIES. I AM VOLUNTARILY SIGNING THIS GENERAL RELEASE/LIABILITY WAIVER.

I HEREBY RELEASE CLINIC MANAGEMENT TEAM AND LOCALITIES MANAGERS, TRAINERS, INSTRUCTORS, EMPLOYEES AND VOLUNTEERS OF AND FROM ALL CLAIMS WHICH MAY HEREAFTER DEVELOP OR ACCRUE TO ME ON ACCOUNT OF, OR BY REASON OF, ANY INJURY, LOSS, OR DAMAGE, WHICH MAY BE SUFFERED BY ME OR TO ANY PROPERTY, BECAUSE OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT WHATSOEVER, AND I HEREBY ASSUME AND ACCEPT THE FULL RISK AND DANGER OF ANY HURT, INJURY OR DAMAGE WHICH MAY OCCUR THROUGH OR BY REASON OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT OF ANY PERSON OR PERSONS WHATSOEVER.

In witness whereof the undersigned has executed this General Release/Liability Waiver on the date set forth below:

<b>Auditor Signature:</b>		<b>Date:</b>	
<b>In Case of Emergency, Call:</b>		<b>Phone:</b>	
<b>IF PARTICIPANT IS UNDER THE AGE OF 18, FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN</b>			
<b>Parent or Guardian Signature:</b>		<b>Date:</b>	
<b>Parent or Guardian Name:</b>			



# Gray Horse Dressage • Equestrian Event Management

PO Box 399, Round Hill, Virginia 20142

## 2020 SPONSORSHIP/ADVERTISING FORM

Company Name:			
Contact Name:			
Billing Address:			
Phone:			
Email:			
<b>EVENT:</b>			
<b>SPONSOR A CLINIC OR COMPETITION</b>			
Clinic/Full Day:	\$1,000.00	<input type="checkbox"/>	
Clinic/Half Day:	\$500.00	<input type="checkbox"/>	
Competition/Full Day:	\$500.00	<input type="checkbox"/>	
Competition/Half Day:	\$250.00	<input type="checkbox"/>	
<b>SPONSOR A CLASS OR DIVISION</b>			
Sponsor a Division:	\$75.00	<input type="checkbox"/>	<i>First Choice of Division or Class to Sponsor</i>
Sponsor a Class:	\$25.00	<input type="checkbox"/>	<i>Second Choice of Division or Class to Sponsor</i>
<b>ADVERTISING SHOW/CLINIC PROGRAM</b>			
Full Page:	\$100.00	<input type="checkbox"/>	
Half Page:	\$75.00	<input type="checkbox"/>	
Quarter Page:	\$50.00	<input type="checkbox"/>	
Business Card:	\$25.00	<input type="checkbox"/>	
<b>BANNER SPACE</b>			
Hang Banner/Day:	\$75.00	<input type="checkbox"/>	
<b>SPECIALTY AWARDS</b>			
Competition:	\$50.00	<input type="checkbox"/>	
Year End:	\$100.00	<input type="checkbox"/>	
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<b>DONATE RAFFLE PRIZES</b>			
Raffle Donated For:			
<i>Sponsor Name(s):</i>			
<i>Raffle Description/Value(s):</i>			
Please email Julie Cannova at <a href="mailto:grayhosedressage@gmail.com">grayhosedressage@gmail.com</a> to arrange donation pick up.			
<b>GHD YEAR END AWARDS</b>			
Dressage:	\$75.00	<input type="checkbox"/>	<i>First Choice of Division or Class to Sponsor</i>
		<input type="checkbox"/>	<i>Second Choice of Division or Class to Sponsor</i>
<b>GRAND TOTAL: \$</b>			

We accept MC/VISA/DISCOVER/ZELLE; or, please Make Checks

Payable To: GRAY HORSE DRESSAGE THANK YOU!

Revised 7/14/20 12:17 PM