



GHD presents a Clinic with GARY ROCKWELL

at WindCrest Farm, Clarksburg, Maryland

October 22nd, 23rd & 24th, 2022

• PLEASE NOTE •

This GARY ROCKWELL CLINIC will fill quickly!

**PARTICIPANTS WILL BE SECURED RIDING SPOTS ON A
FIRST COME, FIRST SERVED BASIS!**

**PLEASE REGISTER ONLINE OR SUBMIT YOUR REGISTRATION FORM
AND DEPOSIT ASAP!**

DID YOU REMEMBER TO:

Fill in your registration completely?

Include Deposit? (Full payment welcome, too.)

Request Stabling?

Include Coggins if indicated?

**SORRY, NO VERBAL HOLDS
FOR RIDING SPOTS
CAN BE ACCOMODATED.**



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CLINIC INFORMATION • PLEASE READ CAREFULLY AND THOROUGHLY!

PARTICIPANT INFORMATION

1. **REGISTRATION FORMS:** ONLY Registration Forms, with deposit, will be accepted. Online Registration accepted.
2. **CLINIC FEE:** Clinic Fee is \$275/ride.
3. **DEPOSIT:** A minimum of a non-refundable deposit of \$100/ride **MUST** accompany Registration. (See #6 for refund information).
4. **BALANCE:** BALANCE of \$175/ride **MUST** be RECEIVED by Closing Date.
5. **COGGINS:** Negative Coggins, within 12 months, required for all horses being hauled in.
6. **REFUNDS:** No refund of Clinic fees unless Organizer fills spot from waiting list.
7. **STABLING:** Limited Clinic Stabling available on site. Rate: \$100: Bedding included.
8. **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.
9. **WAITING LIST:** When Clinic is full, Participants will be put on the waiting list in the order of Registration receipt date.
10. **TIMES:** Tentative time schedule will be emailed approximately one week prior to event

AUDITOR INFORMATION

Due to space constraints, public auditing will not be available. **HOWEVER, Participants may bring a Groom. Breakfast will be provided, Lunch Fee is extra for Groom, must purchase in advance.**

1. **LUNCH FEE:** \$25/day. Groom Only.

GENERAL INFORMATION

1. **OPENS:** Registration Opens Immediately.
2. **CLOSES:** Registration Closes October 15th, 2022.
3. **CONTACT:** Joanna Gray-Randle at: info@grayhosedressage.com, or 805.479.3398.
4. **PAYMENTS:** Make check payment to: **Gray Horse Dressage** and mail, along with completed Forms, with required signatures, to **P.O. BOX 399, Round Hill, VA 20142.** *We also accept online payments with applicable fees.*
5. **LOCATION:** WindCrest Farm, 24201 Peach Tree Road, Clarksburg, Maryland 20871.
6. **GENERAL RELEASE/LIABILITY WAIVER:** All participants and auditors must have a signed General Release/Liability Waiver(s) on file with management.
7. **RETURNED CHECKS:** A \$35 Handling Fee will be assessed for returned checks.
8. **CHAIRS:** Please bring your own chair.
9. **PARKING:** Please adhere to parking directives.
10. **FOOD:** Due to COVID-19 and associated variants, food **may not** be provided. Please be prepared to bring your own food and beverage.
11. **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.
12. **ABSOLUTELY NO DOGS**

COVID-19 Statement:

We ask that all participants and accompanying grooms note the following:

- Masks are a personal choice, but we strongly suggest masking if you are immunocompromised.
- If you are actively sick, we ask that you refrain from attending.

Thank you for your attention to this matter.

~ Gray Horse Dressage

Mail Completed Registration Forms, Deposit and/or Final Payment, payable to Gray Horse Dressage, to: Gray Horse Dressage, PO Box 399 Round Hill, VA 20142

Or, Enter Online at www.grayhosedressage.com/events



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- PLEASE COMPLETE FULLY, INCLUDING ALL SIGNATURES •
- OR REGISTER ONLINE [HERE](#).

PARTICIPANT REGISTRATION FORM

Participant Name: _____

Address: _____

Email: _____

Phone: _____

GARY ROCKWELL CLINIC AT WINDCREST FARM

			STABLING \$100.00	CLINIC SATURDAY \$275.00	CLINIC SUNDAY \$275.00	CLINIC MONDAY \$275.00
HORSE #1 NAME:						
HORSE #1 OWNER NAME:						
HORSE #1 OWNER SIGNATURE:						
HORSE #1 BREED:	HORSE #1 LEVEL OF TRAINING:	HORSE #1 SEX: S G M				
HORSE #1 YEAR BORN:	HORSE #1 BLOODLINES:					
HORSE #2 NAME:						
HORSE #2 OWNER NAME:						
HORSE #2 OWNER SIGNATURE:						
HORSE #2 BREED:	HORSE #2 LEVEL OF TRAINING:	HORSE #2 SEX: S G M				
HORSE #2 YEAR BORN:	HORSE #2 BLOODLINES:					
COLUMN SUB-TOTALS:						
			GRAND TOTAL:			
OFFICE USE ONLY						
DATE:	PAYMENT:		LESS \$100 DEPOSIT/RIDE:			
DATE:	PAYMENT:		BALANCE DUE CLOSING DATE:			
PLEASE MAKE CHECKS PAYABLE TO: GRAY HORSE DRESSAGE						
CREDIT CARD PAYMENTS : www.grayhosedressage.com/events						



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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, David Randle, Julie Cannova, George Cannova, Windcrest Farm, Davida Bierbrauer, Peter Bierbrauer, or any person related to or associated with the aforementioned (collectively known as "COMPETITION/CLINIC Management Team") FROM ANY AND ALL LIABILITY ASSOCIATED WITH HORSE RELATED ACTIVITES.

"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 Competition 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 Competition 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 Competition 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, wavier, 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 Competition 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 Competitions, 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 Competition 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 Competition 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 Competition 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 COMPETITION MANAGEMENT TEAM AND/OR LOCALITIES. I AM VOLUNTARILY SIGNING THIS GENERAL RELEASE/LIABILITY WAIVER.

I HEREBY RELEASE COMPETITION 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 THHROUGH 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:

Participant Signature:		Date:	
Horse Owner Signature:		Date:	
In Case of Emergency, Call:		Phone:	
IF PARTICIPANT IS UNDER THE AGE OF 18, ENTRY FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN			
Parent or Guardian Signature:		Date:	
Parent or Guardian Name:			