COLTON WOODS HORSEMANSHIP

CLINIC PARTICIPANT PACKET

It's official! You're in! First we'd like to say thank you for choosing Colton Woods Horsemanship Clinics and for dedicating you're valuable time and resources to join us! As a participant of a Colton Woods Horsemanship clinic, you are not just joining a group of other horse enthusiasts for a single weekend. You are now part of an elite family that shares the love for the horse and the journey of further developing our horsemanship along with likeminded friends. Our family and community extends across the globe and is blessed with so many caring, talented and fun individuals. Our clinics are truly an experience you will not forget and we cannot wait to have you join us!

We are super excited to have you joining us **November 17 to November 18, 2018** at **Mill Creek Equestrian** in **New Carlisle, Ohio.** Having the opportunity to work and ride with folks that are so dedicated to their horsemanship education and continually searching for better means of communication between themselves and their horses is such an honor. We are truly blessed that you've chose to ride with us and we look forward to the opportunity to further our knowledge together.

In this packet you'll find a list of items to bring, stabling information and contact information for Colton Woods Horsemanship as well as our host, **Nicole Taylor**.

During our time together we will be covering **Ground Work & Ridden Classes as well as Private Lessons.** Our focus will be develop a confident, relaxed, responsive, understanding, supple and respectful equine partner. Throughout the clinic I will be spending some personal one-on-one time with each of you and your horse to help you understand the exercise and why they are important. If at any time you have a question, please do not hesitate to ask. We are all here to learn from each other and our horses.

This clinic will provide you with easy to understand exercises that you can take home and utilize with any horse. This is your opportunity to improve your horsemanship skills and build a stronger, trusting relationship with your horse.

Best Regards,
Colton Woods

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If you have any questions please feel free to contact **Nicole Taylor** at **nicole@millcreekeq.com** or call **(937) 206-5602**

Clinic Venue	**Mill Creek Equestrian**	**Date of Clinic**	Nov. 17-18, 2018

Full Name of Participant:	
Street Address:	
City, State, Zip:	
Cell Phone:	
Email:	
Sex of Horse:	
Date of Arrival & Departure:	
Please let us know if you will be participating with a stallion so we can make proper	A COPY OF NEG. COGGINS REQUIRED FOR ALL HORSES (MUST BE LESS THAN 12 MONTHS)
EMERGENCY CONTACT	
Emergency Contact	
Phone	
Alternate Phone	
Emergency Contact	
Phone	
Alternate Phone	
FOR MINORS UNDER 18 YEARS OF AGE	
Name of Parent(s) or Guardian:	
Participant Birth Date:	
Special Instructions:	

NOTE: CLINIC FEES ARE NON REFUNDABLE
NO VIDEO RECORDING IS PERMITTED DURING THE CLINIC.
PAYMENT CAN BE MADE BY CASH OR CHECKS.
Please make checks payable to Colton Woods Horsemanship, LLC.

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Release for use of Photo, Video, and/or Story

I consent to the use of my picture, videotaped image or likeness and any related narrative by Colton Woods Horsemanship LLC in any news story, publication, video, training material or advertising of any kind or in any manner in which Colton Woods Horsemanship may decide to use.

- ○ I am 18 years of age or older and am competent to sign in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

  OR

- ○ I am the guardian of the participant and I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Tick the appropriate statement above)

SIGNATURE OF PARTICIPANT: _____

SIGNATURE OF GUARDIAN (if applicable):_____

PRINTED NAME: _____

DATE: _____

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Equipment

To help you prepare for the clinic we have put together a check list of tack that you will need. If you do not have what is needed we will have equipment available for sale.

GROUND WORK

- ☐ Rope halter
- ☐ Lead Rope — Ideal length 12-14ft
- ☐ Horsemanship Flag — 49in in length w/ 18in x 18in flag
- ☐ Dressage Whip

RIDDEN

- ☐ Rope Halter
- ☐ Lead Rope
- ☐ Horsemanship Flag
- ☐ Saddle — What you ride in on a regular basis
- ☐ Saddle pad
- ☐ Mecate Reins
- ☐ Headstall with Snaffle Bit — (2 or 3 Piece w/ D-Ring recommended)
- ☐ or Hackamore — (aka Bosal, Rawhide. No mechanical hackamores)
- ☐ or Two-Rein/Straight Up in the Bridle — (If horse is advanced to this point)
- ☐ Riding Boots — (NO Lace- up boots will be allowed for safety purposes)
- ☐ **Helmet- Optional for 18 and over RIDERS UNDER 18 MUST WEAR A HELMET**

Please note Helmets are not available for purchase at the clinic or through Colton Woods Horsemanship.

FOR YOU

- ☐ Notebook & Pen
- ☐ Your Goals — (2-3 You'd like to achieve during the clinic)
- ☐ Photo/ Video Release
- ☐ Liability Release
- ☐ Completed Participant Packet
- ☐ Snacks, Water & Lunch — (If not provided)

FOR YOUR HORSE

- ☐ Coggins
- ☐ Health Certification
- ☐ Vaccination Record

Colton Woods Horsemanship, LLC
www.coltonwoodshorsemanship.com
(336) 905-9144

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Stabling Information

Mill Creek Equestrian provides clean and safe accommodations for participant horses at the event. Stalls will cost $30 per night or $50 for the weekend.

Event and stables are located at 8390 Lower Valley Pike, New Carlisle, Ohio 45344

For more information contact **Nicole Taylor** at **nicole@millcreekeq.com** or call **(937) 206-5602**.

Stabling Equipment

This is a list we thought may help you to pack if you are unsure of what you may need to bring with you. Please note this is just a guideline that you may choose to use.

- ☐ Water bucket/s
- ☐ Snaps/hooks/ties to hang buckets in stalls
- ☐ Hay
- ☐ Hay Net
- ☐ Feed tub/bucket
- ☐ Feed
- ☐ Muck tub and fork
- ☐ Grooming tools
- ☐ Horse Blanket/rug – if deemed necessary due to weather
- ☐ Mounting block
- ☐ Equine small first aid kit
- ☐ Bathing supplies- Sponge, scraper, shampoo
- ☐ Riding boots, spurs, gloves
- ☐ Fly spray

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HORSE INFORMATION

IF YOU ARE STAYING OVER NIGHT PLEASE PRINT THIS FORM OUT AND BRING WITH YOU TO PUT ON YOUR HORSE'S STALL DOOR.

NAME OF HORSE:

AGE:

BREED:

OWNER/RIDER:

MOBILE PHONE:

EMERGENCY CONTACT INFORMATION:

VET'S NAME:

VET'S PHONE NO:

ALLERGY/MEDICAL CONDITIONS:

NOTES:

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Colton Woods Horsemanship, LLC
ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I [PRINT NAME HERE] _____ (hereafter, "Participant", which term also includes Participant's parent or legally-appointed Guardian, if a minor), freely and voluntarily seek to participate in any or all programs, events and/or activities sanctioned, produced, or sponsored by Colton Woods Horsemanship ("CWH") that include educational and training programs, internships, youth programs, clinics, and/or competitions at any time and at any location. These activities, programs, and events will hereafter be referred to as "the Activities," and CWH, together with its sponsors, managers, property owners, officials, organizers and affiliates and their respective directors, officers, members, employees, agents, volunteers, representatives, and designated officials will collectively be referred to as "Event Sponsor." Participation includes but is not limited to any and/or all interaction of any kind with an equine as well as auditing an activity.

In consideration of the Event Sponsor allowing Participant to participate in the Activity (s), now and in the future, Participant agrees as follows:

1. ***Acknowledgment of Inherent Risks of Equine Activities/Assumption of Risks*.** Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, attending, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, *but not limited to*: (a) the ability of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (e) the potential of a participant or other Participant to act in a negligent manner that may contribute to injury to the participant, Participant, or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; and (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity. *Participant is not relying on Event Sponsor to list within this document all possible inherent risks or all risks of participating in any of the Activities at any location*.

2. ***Waiver and Release of Liability*.** With full knowledge and appreciation of these and other inherent risks associated with equine activities and the Activities, Participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, Participant /participants heirs (inclusive of parents/guardians) and anyone affiliated with the participant, also voluntarily agrees to waive any and all rights to sue or collect for damages in any way and hereby releases the Event Sponsor from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event, or resulting from any action or inaction by the Event Sponsor. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of the Event Sponsor and which actions or inactions constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities. Neither Participant nor Participant's representatives shall make any claim against, maintain an action against, or recover from the Event Sponsor or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury, loss, damage or death of the Participant, to the Participant's horse, or to the Participant's personal property (regardless of ordinary negligence by the Event Sponsor or regardless of an alleged violation of an applicable equine activity liability law).

By my signature below, that I am expressly agreeing as follows:
On behalf of myself, my estate and my heirs, to release and waive any right to sue and/or collect from Colton Woods Horsemanship, LLC, or any of his, her's or its agents, helpers, sponsors or employees for any and all liability for any injury I might receive or any damage I might sustain in this equine activity. This shall include, but is not limited to the following:

Damages I might incur for medical bills, lost wages, out of pocket expenses;
From pain and suffering;
Nominal damages;
Punitive damages;
Any recover I might have had for monetary damages, for myself, my horse(s) or property.

This Release and Waiver is made on behalf of myself, my spouse, if any, my heirs, executors, administrators, subrogees and assigns. Or on behalf of my children, if applicable.
I also covenant not to sue Colton Woods Horsemanship, LLC, or any of his, her's or it's agents, helpers, sponsors or employees for anything including any claimed act of negligence, for any medical bills, lost wages, pain and suffering, or any other type of damage or claim. And I make this covenant on behalf of myself, my heirs, administrators, executors, assigns and subrogees.
I further agree to indemnify and hold Colton Woods Horsemanship, LLC, or any of his, her's or its agents, helpers, sponsors or employees, harmless from any liability for

negligence, misfeasance, or for any other reason. And I do so on behalf of my heirs, executors, administrators and assigns.
I understand that no riding helmets are being provided. I agree to assume the risk of riding with or without a helmet. I understand I may wear a helmet if I chose to do so. I agree to act at my own risk.
CAUTION -In an equine activity environment, horses ay rear, kick, flip over backwards, bite strike, run off, spook, fall down, break equipment, get tangled up in rope or equipment, run into an object or another horse and do other things which could cause severe injury. By signing this release, you are assuming all of the risks and any other risk which is inherent to the activity.
This release if valid until revoked by me in writing

3. ***Equine Liability Act.*** Should the Activities take place in a state with an equine activity liability law, Participant acknowledges reading the applicable state warnings and/or provisions set forth below.

Texas Warning: Under Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Kentucky Warning: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury to the participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Florida Warning: Under Florida law, an equine sponsor or 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.

4. ***Miscellaneous.*** This document is intended to be as broad and inclusive as applicable state law permits and acts as a binding agreement.

5. I hereby consent to having my photo or likeness of, taken or filmed for any purpose as seen fit by the sponsor or their affiliates, without compensation of any sort to me/my heirs or anyone affiliated with me, at any time, now or in the future.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, I UNDERSTAND THAT IT IS A RELEASE OF CLAIMS AND THAT I AM ASSUMING ANY and ALL RISKS INHERENT TO MY PARTICIPATION

(including participation as a spectator), AND I AGREE TO BE FULLY BOUND BY ITS TERMS

Signature _____ Date_____

Printed Name _____ Date of Birth_____

IF Participant IS UNDER 18 YEARS OF AGE: - Signature of Parent or Legally-Appointed Guardian

_____ Date_____

Print Name of Parent or *Legally-Appointed* Guardian_____

Emergency Contact Information *To be completed by the parent/guardian and all adult participants.*

In the event of an emergency, if I (we) cannot be reached the following person is authorized to act on my (our) behalf.

(1) Name _____ Phone Number (____)_____

(2) Name _____ Phone Number (____)_____