

Liberty and Finesse 3 day clinic with Parelli Professionals Jody Grimm-Ellis and Margit Deerman
REGISTRATION FORM
July 20-22nd, 2018

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____
Phone: _____ Cell: _____
Check # _____ cash _____
Arrival Date and Time: _____ Departure: _____

Cost: \$750 per rider which includes 3 days with your horse,
Pen, and Facility Fee. (Non-VC Vaq Members) \$ _____
VC Vaq. Members sign up for \$700 \$ _____
Lunch included
Camping for non members \$10/night \$ _____

Auditors: Non-VC Vaquero members \$35/day or \$60/2days or \$85/3days \$ _____
Vaquero Members \$20/day \$ _____

All Checks made out to Margit Deerman
To join Valley Center Vaquero Riding Club go to www.valleycentervaquero.com for easy signup.

Limited to 10 riders. Sending check and forms will hold your spot!
Not cashed until clinic time. Can send ALL payments (no credit cards) and forms to:
Margit Deerman
Attn: Liberty and Finesse
29515 Anthony Road
Valley Center, Ca. 92082

Participant Information:
PNH level completed if any: _____ Years experience: _____
Any medical handicaps _____
In case of emergency contact: Name: _____ Phone: _____
Relationship: _____
Horse information:
Breed: _____ Mare/gelding: _____ Age: _____
Horses must be updated on all vaccines. Negative Coggins for horses coming from OUT OF STATE is mandatory.

For more information: Contact Margit Deerman at mdeerman@gmail.com or 619 987-4803.
Or go to www.margitdeerman.com or www.parelli.com

LOGISTICS

Location: <http://www.valleycentervaqueros.com/contact-us.html>

Time: Clinic will start on time with a small break when needed. 8 am check in on Friday. Start 9-4:30pm.

Facility: Pens are 12 x 12. Facility has a large arena, obstacle course, and plenty of room to ride. Please bring your own feed, water buckets for your horse. You are responsible to clean up after your horse.

Vaquero members are allowed to use the facility during our clinic.

There are bleachers for auditing but you may want to bring a more comfortable chair.

There will be a porta potti on site. No hook ups, dry camping or tenting only.

Please keep water usage to a minimum when bathing horses.

NO DOGS ALLOWED DURING THE CLINIC.

Concessions: Coffee and morning goodies. Lunch is included with rider. If auditor wants lunch, please let host know.

This is going to be a fantastic clinic! Jody and Margit have both been focused on Finesse riding naturally these last few years and have a lot to share.

[Please sign waiver on next page](#)

if you have signed a release for me this year, you don't need to do another one, skip to Dave and Jodys)

MARGIT DEERMAN

Agreement and Liability Release

Complete all blank areas/red areas)

____ (Releasor) acknowledge that I have voluntarily registered to attend or participate in an instruction and training Demonstration and /or Clinic in the training, selection, care, handling and riding of equines, (hereinafter referred to as "Clinic") with Margit Deerman, approved PNH Instructor, Parelli Natural Horsemanship, or any affiliated organization or instructor hereinafter "PNH") which clinic may have been organized by a local Sponsor in association with PNH namely:

____ (hereinafter "the Sponsor"), such Clinic to take place at such locations as may from time to time be designated by PNH or the Sponsor.

AM AWARE THAT ACTIVITIES INVOLVING EQUINES CAN BE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING (OR PERMITTING MY MINOR CHILD TO PARTICIPATE) IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE INVOLVED, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

As consideration for being permitted by PNH or the Sponsor to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of PNH, the Sponsor or any of their agents, employees or affiliated organizations, or the supplier of any of the equipment I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of PNH, the Sponsor or any of their agents, employees or affiliated organizations as a result of my participation in the above-referenced Clinic. I hereby release PNH, the Sponsor or any of their agents, employees or affiliated organizations from all action, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may have hereafter have for personal injury, death or property damage resulting from my participation in the Clinic.

I further agree to indemnify, save and hold harmless, Margit Deerman, PNH, the Sponsor, or any of their agents, employees or affiliated organizations and each of them from any loss, liability, damage or cost they, or any of them, may incur as a result of my attendance at or participation in the Clinic.

HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, PNH, THE SPONSOR, AND/OR ANY OF THEIR AGENTS, EMPLOYEES OR AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT THIS AGREEMENT SHALL BIND ME, MY LEGAL REPRESENTATIVES, DISTRIBUTEES, GUARDIANS, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY LEGAL COURT CONTRARY TO THE TERMS HEREOF.

Executed at (City/State) _____ on (Date) _____

RELEASEE SIGNATURE: _____ (Good for 1 year at any Clinic)

OR (Minor's Name if signing as Parent/Guardian): _____

ADDRESS: _____ CITY/STATE: _____

PHONE NO(S): _____ E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME AND PHONE NO(S): _____

CERTIFY THAT _____ (RELEASEE) ACKNOWLEDGED IN MY PRESENCE THAT HE/ SHE HAS READ AND FULLY UNDERSTOOD THE MEANING AND CONSEQUENCES OF THE FOREGOING RELEASE, AND SIGNED IT IN MY PRESENCE.

WITNESS SIGNATURE: _____ PRINTED NAME: _____

(good for entire 2018 calendar year)

DAVID ELLIS/JODY GRIMM LIABILITY RELEASE

HORSES CAN BE VERY DANGEROUS I AM TAKING A RISK AND I ASSUME RESPONSIBILITY FOR MY ACTIONS

Be advised that many states limit the liability of equine professionals for horse related injuries. Dave Ellis and/or Jody Grimm Clinics, Lessons & Training -Release of Liability Agreement: I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property, and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling or riding either my horses, or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of my participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have this release of liability and know and understand its contents. I also give permission for my name, address and telephone number to be shared within the Parelli Natural Horse-Man-Ship organization for purposes of providing clinic, workshop and special information mailings.

PRINT NAME _____

SIGNATURE _____ DATE ____ / ____ /2018

Parent/Guardian please sign for minor.

UNLESS SPECIFICALLY REVOKED, THIS RELEASE IS IN EFFECT
FOR THE ENTIRE CALENDAR YEAR 2017