



# INDIANA FOX TROTTERS ASSOCIATION

## 2021 VERSATILITY HORSE CLINIC

Two Days – April 10 and 11

### [Crown Haven Center](#)

5282 West 250 South  
Russiaville, Indiana 46979

Participants traveling a long distance may arrive on Friday. An informal greeting to meet the clinicians is scheduled for 7 pm on Friday the 9<sup>th</sup>. Bring your own lunch and drinks.

**Contact person for the clinic:** Cheryl Gramling at [cagramling@gmail.com](mailto:cagramling@gmail.com) 260-316-4485

<p><b>Day 1 (starts at 9 am)</b></p> <p><u>Mike Meizler.</u> Let Cheryl know of any obstacle that you want to work through with your horse prior to the clinic. We will try to replicate the top 4 obstacles in the arena.</p> <p>Mike is a versatility trainer and competes at Ava in the versatility arena. Complete bio is available <a href="#">here</a>.</p>	<p><b>Day 2 (starts at 9 am)</b></p> <ul style="list-style-type: none"><li>• <u>Beth Draper Equine Message Therapist and Chiropractor:</u> Demonstration and an opportunity for her to work with your horse.</li><li>• <u>Katy Hochstetler:</u> Demonstration and participation of Mounted Archery.</li><li>• After lunch, we will play a game of Cowboy Polo for those who want to participate. Bring your favorite broom!!</li></ul>
<p><b>Crown Haven Center</b> <a href="http://www.crownhavencenter.com">www.crownhavencenter.com</a></p> <p>Email, call or text Bryce Barnes to reserve stalls <a href="mailto:Bryce@CrownHavenCenter.com">Bryce@CrownHavenCenter.com</a> Office: 765-883-7873 Cell: 765-480-3930</p>	<p>Capacity for 20 trailers.</p> <p>Stall board is \$30 per night per horse Pasture board is \$20 per night per horse Trailer hook up is \$25 for the weekend. Trail riding is \$15 per day</p>
<p><b>IFTA Members:</b> \$125 for both days or \$75 for one <b>Non-Members:</b> \$150 for both days or \$85 for one <b>Auditing:</b> \$35 for both days or \$25 for one</p>	<p><b>Deadline for registration is April 6, 2021.</b></p> <p><b>Participation is limited to 14 horses.</b></p>
<p><b>Current Coggins is required for all horses and health papers are required for out-of-state horses.</b></p> <p><b>A liability form must be completed.</b></p>	<p><b>Send registration and liability forms and checks made payable to IFTA to:</b></p> <p>Carol Heingartner 1592 S. Old State Rd. 3 Avilla, IN 46710</p>

**2021 INDIANA FOX TROTTER ASSOCIATION  
VERSATILITY HORSE CLINIC REGISTRATION FORM  
APRIL 10 & 11**

CROWN HAVEN CENTER  
5282 West 250 S.  
Russiaville, Indiana 46979

<b>IFTA Members:</b>		
Two days	\$ 125	\$
One day	\$ 75	\$
<b>Non-Members:</b>		
Two days	\$ 150	\$
One day	\$ 85	\$
<b>Auditing:</b>		
Two days	\$ 35	\$
One day	\$ 25	\$
<b>Total:</b>		\$

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

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

IFTA Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Send this form, the completed liability form below,  
and your check made payable to IFTA to:  
Carol Heingartner  
1592 S. Old State Road 3  
Avilla, IN 46710

For more information contact:  
Cheryl Gramling at [cagramling@gmail.com](mailto:cagramling@gmail.com)  
260-316-4485

**ANNUAL ASSUMPTION OF RISK AND COMPLETE RELEASE FORM**

**WARNING: UNDER INDIANA LAW (IN1995 AVT NO. 1551) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**

**NAME** \_\_\_\_\_  
(PLEASE PRINT)

I recognize that The Indiana Fox Trotters Association Inc. which includes its officers, board members and member associates (hereafter referred to as "the IFTA") is the sponsor for many events at various locations throughout each year. I also realize that this release is intended to blanket cover all of these events regardless of location. I fully accept that the IFTA is in no way responsible for my safety when I am participating in one of these events, regardless of where it is held.

**I FURTHER RECOGNIZE AND ACCEPT THE FOLLOWING:**

- 1. That training, competition, work or any activity involving livestock are participation sports. I am fully aware of the risks and hazards involved in, or arising from, my use of or presence upon the facilities and premises and use of livestock or any other animal. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN, OR ARISING FROM, MY USE OF OR PRESENCE UPON ANY OF THE FACILITIES USED BY THE IFTA, including, without limitation, the risks of bodily injury resulting from a collision between myself and another person, dog bite or any injury from any animal, or the negligent or deliberate act of another person.**
- 2. TO RELEASE THE IFTA, including its board members, officers, associate members and all of their successors, assigns, affiliates, heirs, executors, and administrators, agents and assigns from, and AGREE NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, and expenses arising out of students/clients/participants use of the IFTA equipment, including, but not limited to, those claims for bodily injury, whether or not caused by the negligence or other fault of the IFTA, or of any dogs, cats, horses, cattle or other equipment supplied by the IFTA.**
- 3. THIS RELEASE shall be binding upon my heirs, administrators, executors, assigns and legal representative.**
- 4. TO WAIVE the protection afforded by the statute or law in any jurisdiction whose purpose, substance and /or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.**
- 5. TO PAY for any damage to facilities or equipment, or to pay veterinary bills for injured or, if necessary, replacement animal of same kind and quality, of which value will be determined at the time.**
- 6. IF I IGNORE THIS AGREEMENT AND FILE SUIT, I WILL BE HELD RESPONSIBLE FOR ALL ATTORNEY FEES AND COURT COSTS INCURRED BY THE IFTA.**
- 7. I HAVE READ AND UNDERSTAND THE INDIANA EQUINE LAW.**
- 8. I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE.**

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
If under the age of 18 must be signed by parent or legal guardian.

**NOTE: This release form must be signed and submitted by every club member each year. It must also be signed by any non-club participant for each event.**