



Bernie Traurig / USHJA TCP Clinic @ Silver Creek Farms

Sept. 21-22, 2016

18 spaces available. 6 spots in each of the following 3 sessions:

- Young Horses (4-5 yr olds) - up to 3'0"
- Hunters - 3'0" & up
- Jumpers - 1.0m & up

Riding in this clinic is limited to trainers of all levels and riders currently showing regularly on the AA circuit. For all other riders, please join us for the September 24-25 clinic.

\$750 for Clinic - Includes: 1 session per day, auditing of all other sessions, stall for 2 nights (additional nights \$45) and lunch both days and recognition dinner Wednesday evening.

Auditing: \$125.00 (2-day) includes auditing of all sessions and recognition dinner Wednesday evening
TCP Riders & Auditors - \$50 TCP Fee - includes lunch both days

Trainers receive a 10% discount with 3 or more registered students riding in either Bernie Traurig clinic at Silver Creek in September.

Proof of negative coggins (within 12 months) and proof of recent (within 6 months) equine influenza and equine herpes vaccination will be required before entering the Silver Creek Farms property. Please attach copies of both.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Emergency Contact: _____ Phone Number: _____

USHJA #: _____ For TCP Participants

Number of Sessions (2 days): _____ X \$750 = _____

Auditor (2 days): _____ X \$125 = _____

USHJA TCP Registration Fee: _____ X \$50 = _____

Total Amount Enclosed: _____

Stable with: _____

Special Requests: _____

Please fill out attached rider information sheet and sign the Hold Harmless Agreement on back of this form.

Mail Reservations To:
Silver Creek Farms
18454 E. 111th St.
Broken Arrow, OK 74011
Questions:
(918) 830-7776

While we will make every effort to honor your stabling and special needs, there may be circumstances that make us unable to accommodate all requests.

Clinic spots are non-refundable and will be filled on a first come, first served basis. If a waiting list develops, we will do our best to fill those spots from riders who have paid but cannot attend and those spots will be refunded less a \$50 processing fee.

CONTINUED ON BACK SIDE

Rider Session Information

Session 1:

Circle One: Young Horses Hunters Jumpers

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Clinic Goals for this mount: _____

Current Issues with this mount: _____

Session 2:

Circle One: Young Horses Hunters Jumpers

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Clinic Goals for this mount: _____

Current Issues with this mount: _____

Session 3:

Circle One: Young Horses Hunters Jumpers

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Clinic Goals for this mount: _____

Current Issues with this mount: _____

ARRIVAL INFORMATION:

Gates Open & Check-In begins at 10:00am on Tuesday, September 20th.

Please be prepared to show proof of Proof of negative coggins (within 12 months) and proof of recent (within 6 months) equine influenza and equine herpes vaccination at the office upon arrival.

Stabling assignments will be available at check in.

Please unload your horses and necessary equipment quickly and park trailers in the designated trailer parking area to allow everyone the opportunity to do so safely.

Equine Activity Release and Hold Harmless Agreement

1. I the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Silver Creek Farms, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses.

3. Understanding those risks I hereby release Silver Creek Farms, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with Silver Creek Farms from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by myself or anyone else while on the property of Silver Creek Farms.

4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.

6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Date: _____

Person voluntarily entering into this Release and Hold Harmless Agreement:

_____/s/ signature

_____Printed Name

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

_____/s/

_____Printed Name