

## Silverdale Farm Training Day

Lessons with USDF Silver and Gold Medalist, Angelea Walkup at Silverdale Farm.

*Saturday, 26 June 2010 (\$70 per lesson). Fee and, unless already on file, **proof of Negative Coggins result** must accompany form. Make checks payable to Silverdale Farm and mail to 189 Charlie Taylor Road, Hubert, NC 28539 or make payment with credit card by faxing form to 541-359-3074. We do our best to accommodate ride times but requests are filled on a first come, first serve basis. Riders will be notified by e-mail with a confirmation. Each rider is welcome to have one free accompanying auditor such as groom, spouse or parent. They will need to sign or already have a signed copy of the SDF rules and our release form on file. Your entry automatically includes you in the drawing for an Anky® Dressage Pad. All riders are invited to our end of day social Beverage / Appetizer Mixer.*

Rider Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Horse Name: \_\_\_\_\_  
 Sex/ Age: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Yes  No Request day use paddock (limited #, 1 horse per 24x24 double fenced paddock)

Total Amount: \_\_\_\_\_ Check Enclosed  Yes  No or...  
 Credit Card #: \_\_\_\_\_ YR exp: \_\_\_\_\_ MO exp: \_\_\_\_\_  
 Card Name: \_\_\_\_\_  
 (If different than Rider)

### ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE & AGREEMENT

I, \_\_\_\_\_, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Silverdale Farm Investments LLC, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding horses; including, but not limited to, any interactions with horses. Understanding those risks I hereby release Silverdale Farm Investments LLC, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with Silverdale Farm Investments LLC from any liability whatsoever in the event of injury or damage of any nature (including death) to me or anyone else caused by or incidental to my electing to handle, mount, ride or be in the general vicinity of a horse at Silverdale Farm Investments LLC. As a participant, I agree to wear an ASTM approved helmet while mounted or sign a helmet release agreement prior to mounting. All riders under 18 years of age are required to wear an ASTM approved helmet while mounted. No exceptions.

### WARNING

**Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.**

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent/Guardian if under 18)  
 Print Name: \_\_\_\_\_

Rider Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (If different than participant)  
 Print Name: \_\_\_\_\_

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Auditor entry for Saturday, 26 June 2010.

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Pre-registration Adult \$10

Pre-registration Child \$3 (16 and under)

*Pre-registrations must be received by Wednesday, 23 June. At the door Adults are \$20 and Children \$6. Please be courteous to riders. Silence your mobile devices. All auditors are invited to our end of day social Beverage/ Appetizer Mixer. The ride times will be posted on the SDF website the week of the clinic.*

Auditor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Check Enclosed  Yes  No or...

Credit Card #: \_\_\_\_\_ YR exp: \_\_\_\_\_ MO exp: \_\_\_\_\_

Card Name: \_\_\_\_\_

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(If different than participant)

Print Name: \_\_\_\_\_