



Amanda Steege Clinic

Saturday, September 16, 2023

We are pleased to be holding a clinic given by Amanda Steege at Foxtale Farm, 12 Foxtale Lane, Oley, PA 19547 www.foxtalefarm.com.

The cost is \$225 for PHSA members and \$275 for non-members, payable via check sent prior to clinic to PHSA, PO Box 553, Chester Springs, PA 19425, Venmo @pennhsa or PayPal at memberships@pennhsa.org. Auditors are welcome for \$25.00. Each participant is allowed to bring one person for auditing at no charge. Lunch will be provided (assorted sandwich tray).

All horses must be on a regular consistent vaccination program. Horses must have been vaccinated for EHV-1 AND EHV-4 within the last six months and not shown symptoms, nor been treated or exposed to any horse that has been treated for EHV-1 OR EHV-4 in the past month.

Cancellations only accepted with a veterinary note 3 days prior to event. Refunds will only be given if we are able to fill the spot from a waitlist.

Name of rider: _____ Name of horse: _____

Address: _____

Email: _____ Cell: _____

Trainer: _____

All sections will be 1.5 hours and will include flat work and jumping. Only 6 participants in each group.

Please circle section:	Section 2' to 2'3"	9am to 10:30am
	Section 2'6" to 2'9"	10:30am to Noon
	Noon to 1pm Lunch break and Q&A with Amanda	
	Section 2'9" to 3'3"	1pm to 2:30pm
	Section 2'-2'3" advanced/handy	2:30pm to 4pm

Auditing \$25

Will pay by Venmo PayPal Check

All forms and payments must be submitted prior to the clinic. Please email this form, the liability release, coggins and vaccination record to Carol Bagoly at cabagoly@yahoo.com.

If you have any questions, please call or text Linda Furches (Foxtale Farm) 610-223-7997 or Carol Bagoly at 484-769-1912.

LIABILITY RELEASE FORM FOR EQUINE ACTIVITY PARTICIPANTS

This form must be completed by and for each person engaging in equine activity.

READ THIS FORM CAREFULLY BEFORE SIGNING

**THERE ARE INHERENT RISKS OF INJURY WHILE PARTICIPATING
IN EQUINE ACTIVITIES.**

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS
ACTIVITY.**

1. **REGISTRATION OF PERSONS ENGAGING IN EQUINE ACTIVITIES AND AGREEMENT PURPOSE.** In consideration of engaging in equine activity and being given access to the owner's facility, and the signing of this agreement, I, _____, and the parent or legal guardians thereof, if a minor, do hereby voluntarily request and agree to participate in equine activities today and on all future dates.

2. **INHERENT RISKS OF EQUINE ACTIVITIES.** I UNDERSTAND THAT ENGAGING IN EQUINE ACTIVITY INVOLVES NUMEROUS RISKS OF INJURY DESPITE TAKING ALL SAFETY PRECAUTIONS. Injuries from engaging in this activity *can be severe*, and may result in more lasting residual effects than injuries from engaging in other activities. If a horse is frightened or provoked, it may divert from its training and act according to its natural instincts, which may include, but are not limited to: *Stopping short; Changing directions or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and Running from danger.* Such actions by the horse may occur when the horse is being ridden, moved from one area of the facility to another with or without a rider, being saddled and prepared to be ridden, being groomed, shod or having its hooves trimmed, being loaded into or unloaded from a trailer, or when it is in its stall, or otherwise being handled.

3. **EQUINE ACTIVITIES.** For purposes of this release equine activities shall include, but shall not be limited to the following:

a) Equine training, teaching, riding instruction, shows, fairs, parades, competitions or performances which involve breeds of equine participating in an activity. This paragraph shall include, but not be limited to, dressage, hunter and jumper shows, Grand Prix jumping, three-day eventing, combined training, rodeos, reining, cutting, team penning and sorting, driving, pulling, barrel racing, steeplechasing, English and Western performance riding and endurance and nonendurance trail riding. This paragraph shall also include Western games, gymkhana, hunting, packing, therapeutic riding and driving and recreational riding.

b) Equine or rider and driver training, teaching, instruction or evaluation. This

paragraph includes clinics, seminars and demonstrations.

c) Boarding equines, including normal daily care.

d) Breeding equines, whether by live cover or artificial insemination.

e) Inspecting, riding or evaluating an equine belonging to another by a purchaser or agent, whether or not the owner of the equine has received anything of value for the use of the equine or is permitting a prospective purchaser or a purchaser's agent to ride, drive, inspect or evaluate the equine.

f) Recreational rides or drives which involve riding or other activity involving the use of an equine.

g) Placing, removing or replacing of horseshoes or the trimming of an equine's hooves.

h) Leading, handling or grooming of an equine.

4. **ACCIDENT/MEDICAL INSURANCE.** I UNDERSTAND THAT: Injuries may occur as a result of participation in equine activities. In the event emergency medical treatment shall be required, I and my own accident or medical insurance company shall be responsible for any such incurred expenses. My emergency contact information is as follows:

Emergency contact: _____
Telephone Number: _____

Family Physician: _____
Telephone Number: _____

Medical Insurance Company: _____
Policy No. _____
Group No. _____

5. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES** I UNDERSTAND THAT: The facility operator and owner are not responsible for total or partial acts, occurrences, or elements of nature that may scare a horse, cause it to fall or react in some other unusual or unsafe way, including but not limited to: *Thunder, lightning, rain, wind, wild and domestic animals, insects or reptiles which may walk, run, or fly near, or bite or sting, a horse; irregular footing on an out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.* The participant engaging in equine activity and parent or legal guardian of a minor, have inspected the premises and are satisfied that the premises conditions are safe for such persons intended purpose, usage and presences upon the facility premises.

6. **LIABILITY RELEASE AND ASSUMPTION OF RISK** I AGREE THAT: In consideration of the facility operator allowing me to participate in equine activity at the facility, and my participation in equine activities, under the terms set forth herein, I, the undersigned, and parent or legal guardian for a minor, do agree to hold harmless, indemnify and release the facility operator and owner, its agents, employees, and volunteers, and any affiliated organizations, and insurers from legal liability due to facility operator's or owner's ordinary negligence, and I do further agree, that, except in the event of the facility operator's gross and willful negligence, I shall not assert, or bring any claim, demand, action or cause of action, or litigation against the facility operator or owner, its agents, employees or volunteers, for any economic or non-economic loss due to bodily injury, death or property damage, sustained by me or the rider, the parent or legal guardian of the rider, arising from the premises and operations of the facility, including riding, handling, or otherwise being on the premises or being near horses that are owned by, or in the care, custody and control of the facility operator. I FURTHER ACKNOWLEDGE THAT THERE ARE INHERENT RISKS INVOLVED IN EQUINE ACTIVITIES AND I KNOWINGLY AND VOLUNTARILY ASSUME THOSE RISKS BY MY PARTICIPATION IN EQUINE ACTIVITIES AND BY MY PRESENCE AT THE FACILITY AND THE HORSES PRESENT AT THE FACILITY. THIS LIABILITY RELEASE FORM SHALL REMAIN IN EFFECT UNLESS OR UNTIL IT IS RESCINDED *IN WRITING*, DELIVERED TO THE FACILITY OPERATOR AND OWNER.

7. **FACILITY OPERATOR AND OWNER** For purposes of this Release, the facility operator shall mean: Linda F. Furches and William R. Furches, and their agents, owners, landlord, employees, volunteers and other representatives. For purposes of this Release, owner shall mean: Linda F. Furches and William R. Furches, their heirs, assigns, agents, employees or other representatives. For purposes of this Release, the property shall be the property known and numbered as Foxtale Farm, 12 Foxtale Lane, Oley, Pennsylvania in its entirety and together with all buildings or other structures thereon and all appurtenances thereto.

ALL PARTICIPANTS, VOLUNTEERS AND PARENTS OR LEGAL GUARDIANS OF MINORS, AND OTHER PERSONS ENGAGING IN EQUINE ACTIVITY MUST SIGN BELOW AFTER READING THIS ENTIRE AGREEMENT.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF THE RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE VOLUNTEER'S OR OTHER PARTICIPANT'S PHYSICAL CONDITION AND EXPERIENCE AND AGE ARE TRUE AND ACCURATE

Signature of Person Engaging in Equine Activity

Date: _____

Signature of Parent or Legal Guardian

Date: _____

Print Name

Signature of Other Participant

Date: _____

Print Name