

Patricia Griffith Clinic May 2nd and 3rd 2021

Rider Name: _____
 Phone: _____
 Email: _____
 Highest Level Competed: _____
 Level Requested for Rider: _____
 Emergency Contact: _____
 Emergency Contact Number: _____
 Relationship to above: _____
 Horse Name: _____
 Highest Level Competed: _____
 Horse Age: _____ Horse Sex: _____
 Horse Pony

****Clinic Closing date is 4/27/2021****

Method of payment:
Check:
 Payable to Fountain Greene Farm
 All Major Credit Cards Venmo
 Card #: _____
 Exp. Date: _____ CVV#: _____
 Name as it appears on card: _____

Payment Schedule:
 \$225 for Sunday
 \$225 for Monday
 \$400 for **BOTH** Sunday and Monday
 Stall:
 \$50 per night, first come first served.
First applications in for stalls get first dibs.

A deposit of \$100.00 is required at time of submission of application for riding slots. Clinic riding slots are guaranteed only with payment in full by the closing date. If the number of fully completed and paid applications received prior to the closing date should exceed the number of slots available for riding and auditing applications, slots will be filled in the order of marked receipt by post mark or email date. Prior to the closing date, should you not be able to attend the clinic, Fountain Greene Farm reserves the right to fill the slot from the wait list. If there is no individual on the wait list able to fill the slot, you may sell your spot by Fountain Greene Farm approval to another party. A refund of payments rendered minus a \$25.00 administration fee is available only if written notice is acknowledged and certified as received by Fountain Greene Farm before the closing date, otherwise there will be no refund. The release of liability waivers are the following pages on this form. This form is required before a rider or auditor is allowed to participate in the clinic. By completing and submitting this form I agree that I have read, understand and agree to comply with the information expressed herein. I also agree that as a condition of and in consideration of acceptance of entry, Fountain Greene Farm and/or publicity agents of the event may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the educational clinic for the promotion, coverage or benefit of the competition and sport. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

 Signature of Participant Date

 Signature of Parent/Guardian if under the age of 18 Date

RELEASE OF LIABILITY

In exchange for participation in the activity of Riding Clinic organized by Fountain Greene Farm, of 1892 Wake Rd, Wake, Virginia, 23176 and/or use of the property, facilities and services of Fountain Greene Farm, I, _____, of _____, _____, _____, _____, agree for myself and (if applicable) for the members of my family, to the following:

1. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Fountain Greene Farm for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Fountain Greene Farm, whether caused by the fault of myself, my family, Fountain Greene Farm or other third parties.

2. INDEMNIFICATION. I agree to indemnify and defend Fountain Greene Farm against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Fountain Greene Farm.

3. FEES. I agree to pay for all damages to the facilities of Fountain Greene Farm caused by any negligent, reckless, or willful actions by me or my family.

4. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Virginia law.

5. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Fountain Greene Farm has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

6. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision

giving rise to such ambiguity.

7. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

8. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure. Any controversies or disputes arising out of or relating to this Agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

10. EMERGENCY CONTACT. In case of an emergency, please call _____ (Relationship: _____) at _____ (Day), or _____ (Evening).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

_____ Signature	_____ Date
_____ Signature of Parent/Guardian if signer is under 18	_____ Date