



## VS Equine 2023 Running I Clinic Registration

**April 15 – 16, 2023**

**Rain date: April 29 - 30**

**\$500.00 for two-day clinic - \$250.00 deposit by March 1<sup>st</sup> to save your spot**

Name (Please print clearly): \_\_\_\_\_ Email: \_\_\_\_\_

**Note that this email will be used as a method to communicate additional details about the clinic. If this is not an email that is monitored on a regular basis, please provide one that is.**

Mailing Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we add you to our mailing list for future clinics and event information? Yes \_\_\_\_\_ No \_\_\_\_\_

Riding Ability (circle one):          Novice          Intermediate          Advanced

Horse you will be riding in the clinic:

Name \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

How long have you owned/ridden this horse? \_\_\_\_\_

Riding interests and/or goals:

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Please list anything special you might like the clinician to know about you or your horse:

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Media Release: By signing this form, you grant VS Equine, LLC, and VS Equine associates, the right to use and publish photographs and/or video of or including you and/or your horse, in brochures, newsletters, web sites, Facebook, slideshows and/or other advertising medium. Photos and video will not be sold commercially.

**Health Certificate & Negative Coggins required for all horses from out of state. Proof of vaccinations required for all horses and will be requested in advance of arrival once your application is received.**

**Clinic Fee: Deposit with registration due by March 1<sup>st</sup> (\$250.00)      Balance Due at Clinic check-in \$250.00**

**Pay Options: Make checks payable to: VSEquine and send to Kristy Cottini, P.O. Box 392, Bella Vista, CA 96008 ☐**

**Or, use Venmo (from a friend) at: Ruth Altes@Ruth-Altes-1 ☐**

**Deposit non-refundable unless spot can be filled.**

**Overnight pens are available BY RESERVATION ONLY. Please make payment for pens at check-in.**

Lunch will not be available on-site. We break for one-hour and bringing your lunch is advisable (there are not close options). Dry camping at your horse trailer is allowed for no extra charge if renting a pen. Additional information about the clinic and location, including directions and nearby hotels and restaurants will be forwarded to you early April. Email, text or call to reserve pens and/or to get price: Kristy Cottini, [kcottini@frontiernet.net](mailto:kcottini@frontiernet.net) or 530-227-4335.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE mail this form USPS, or, SCAN the form/save it/then email it to [kcottini@frontiernet.net](mailto:kcottini@frontiernet.net)  
DO NOT scan or take a photo with your phone and text. Thank you! ☺.**

## **RELEASE OF LIABILITY**

PARTICIPANT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(number) (street) (city) (State) (Zip)

Are you on our mailing list ? YES NO E Mail Address: \_\_\_\_\_

I acknowledge that Horse Events carry inherent risks of injury and damage to horse, property, and myself. I knowingly assume all risks, whether known or unknown, of showing my horse.

I hereby release The RUNNING I RANCH from all liability for any act of negligence or want of ordinary care of RUNNING I RANCH or any of it's agents.

In consideration of my participation in events organized or sponsored by RUNNING I RANCH, I waive, release, and discharge RUNNING I RANCH, THEIR DIRECTORS, OFFICERS, AGENTS, AND MEMBERS, THEIR REPRESENTATIVES, HEIRS, EXECUTORS, AND ASSIGNEES FROM ANY AND ALL CLAIMS OF LIABILITY FOR INJURY OR DAMAGE TO MYSELF, MY ANIMALS, OR MY PROPERTY ARISING OUT OF MY PARTICIPATION. This agreement is binding upon my executors, heirs, and assigns.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the Creditor does not know or suspect in exist in his favor at the time of execution the release, which if known by him might have materially affected his settlement with the debtor."

I agree that I will indemnify and hold harmless RUNNING I RANCH, THEIR OFFICERS, DIRECTORS, MEMBERS AND AGENTS AGAINST ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION, INCLUDING COURT COSTS, AND ACTUAL ATTORNEY FEES, ARISING FROM ANY PROCEEDING OR LAWSUITS BROUGHT BY OR PROSECUTED BY MY BENEFIT, IN WHICH THIS RELEASE IS UPHELD.

RUNNING I RANCH, it's agents or employees shall not be liable for any damage which may accrue from any cause of as a result of fire, theft, running away, state of health, injury to person, horse or property.

I acknowledge that I have read this Release of Liability and know and understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **MNORS DO NOT SIGN THIS FORM**

#### **PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION**

I, the undersigned parent of guardian of the above participant in consideration of my minor's participation in the event, agree that the term and conditions of this release of liability shall be binding as to damage or injury to my miner, his animals, and property arising out of his participation in events.

I acknowledge that I have read this Release of Liability and know and understand its contents.

NAME: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EQUINE RIDING and / or DRIVING and / or TRAINING INSTRUCTION AGREEMENT,  
LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT [FOR INDIVIDUALS]**

**VS Equine, LLC and Iron Horse, LLC**

**STABLE NAME, hereinafter known as "THIS STABLE"**

**138 Big Canyon Drive, Mt. Shasta, California 96067**

**READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING.**

- A. REGISTRATION OF STUDENT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in equine related instruction as a student of THIS STABLE, and that I will either utilize my own horse or school horses provided by THIS STABLE for instruction purposes.

STUDENT NAME (PLEASE PRINT NAME)	AGE (If under 18)	WEIGHT Over 240#?	HORSE HANDLING / RIDING EXPERIENCE (Check one that applies)
1.	2. Age _____ 3. Date of Birth _____	4. _____ YES _____ NO	5. _____ BEGINNER (under 10 hours) _____ OVER 10 HOURS
<b>6. Does this student have any physical or mental condition(s), which may affect his / her safety and ability to ride, drive and / or train a horse? Yes No (Circle One)</b>			
<b>7. If you circled "YES," how can we help this student with his / her special needs?</b>			
<b>8. <u>MEDICAL INSURANCE</u> I / WE AGREE THAT:</b> Should medical treatment be required, I and / or my medical insurance company <u>shall pay</u> for <b>ALL</b> such incurred expenses.			
✍ My medical insurance company is _____ My policy number is _____ <input type="checkbox"/> I do not carry medical insurance.			

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive riding and / or driving and / or training instruction or guidance from its associates and / or when I ride and / or drive and / or train and / or am near horses on or off of THIS STABLE'S property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered student and the parents or legal guardians thereof if a minor.

- C. INHERENT RISKS / ASSUMPTION OF RISKS I / WE ACKNOWLEDGE THAT:** Risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. **I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.**

- D. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES I / WE ACKNOWLEDGE THAT:** THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on 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. **I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me.** The student and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this student's intended purpose, usage and presence upon THIS STABLE'S premises.

- E. SADDLE GIRTHS / NATURAL LOOSENING WARNING I / WE ACKNOWLEDGE THAT:** Saddle girths (fastener straps around horse's belly) may loosen during riding. Students must alert the instructor or attendant of any girth looseness so action can be taken to avoid slippage of saddle and the potential for the rider to fall from the horse.

- F. PROTECTIVE HEADGEAR / HELMET WARNING I / WE AGREE THAT:** I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and / or driving and / or training and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. **I am not relying on THIS STABLE and / or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

- G. LIABILITY RELEASE I / WE AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the STUDENT, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

**PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL  
AND RELEASE AGREEMENT**  
**VS Equine, LLC and Iron Horse, LLC** - hereinafter known as "THIS PROVIDER"  
**138 Big Canyon Drive, Mt. Shasta, California 96067**

PLEASE READ CAREFULLY BEFORE SIGNING

PRINT NAME OF STUDENT/ RIDER: \_\_\_\_\_

WARNING AND REFUSAL TO WEAR STATEMENT I, for myself and/or on behalf of my child or legal ward, have been offered an SEI Certified — ASTM Equestrian Helmet and have been warned and advised by THIS PROVIDER, and I do understand, that not wearing protective headgear increases the risk of serious injury and/or death. By signing this form, the rider and the parent or guardian thereof if a minor is/are refusing to wear protective headgear.

RELEASE OF LIABILITY I, for myself and/or on behalf of my child or legal ward, heirs, administrators, personal representatives or assigns, release and discharge THIS PROVIDER and their respective officers, directors, employees, agents, representatives, Insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of not wearing an SEI Certified — ASTM Equestrian Helmet.

**All Students/Riders and/or Parents/Legal Guardians must sign below after reading this entire document.**

**SIGNER STATEMENT OF AWARENESS**

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

<b>Signature of Student/Rider (Spouses must sign for themselves)</b>	<b>DATE</b>
<b>Signature of Parent, Guardian and/or spouse</b>	<b>DATE</b>

Address In Full \_\_\_\_\_

Phone # \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP TO STUDENT	PHONE NUMBER
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