

Payment info.

*\$150 non-refundable deposit is due.

*Full payment is due by Sept 1, 2010 to ensure your spot. If full payment is not received we will attempt to contact you. If there is no response your spot will be given to someone else and all payments forfeited.

***Any cancellations after Sept 15th are non-refundable.**

*Full (nonrefundable) payment for stalls due with registration.

General Info.

***Current coggins test must be attached to registration paper or presented on grounds before horse will be allowed in clinic.**

*One auditor allowed per paid rider, horse, per session. Auditors cannot be changed throughout the day. The first auditor in with you is free. All other guests will have to pay the auditing fee.

*Stalls are only to be used for the horse it is booked for. No other horses are allowed in the barn. If a horse is leaving early and you would like to let someone else use the stall you must arrange it with barn management first. Any strange horses in the barn will be removed immediately. (Please understand this is for our horse's safety as well as yours.)

*Concession stand available each day.

Join us for Breakfast each AM!

*Ample parking

Directions:

From Carlisle & Rt 81 Area.

Rt. 34 North towards New Bloomfield. Follow Rt. 34/274 all the way into New Bloomfield. At the square in town go left. ***Half mile from the square, make a right on Cold Storage Rd. Go 1.5 miles and the farm is on the left.***

From Harrisburg & South

15 North towards Lewistown/State College. Take the Duncannon Exit/Rt. 274. Make a right off the exit. At the next stop make a left onto Rt. 274. Follow until the end and make a right on Rt. 34/274. Follow directions above from Square in New Bloomfield.

From State College & Lewistown Area

322 towards Harrisburg. Take the Newport exit/Rt.34. Make a right off the exit. Follow into Newport. At 4 way stop make a left onto Rt. 34. Go 7 miles until New Bloomfield. At the square in New Bloomfield go straight. Follow directions above from the square.

From Selinsgrove & Bloomsburg Area

Rt. 15 South. In Liverpool make a right on Rt. 34. Follow Rt. 34 all the way to Newport. Follow directions above (S. College/Lewistown) from the 4 way stop.

OUTLAW STABLE
Tara Dawn Hazen
Lindsay Vulich
Rob Bielefeld
New Bloomfield, PA 17068

RELEASE OF LIABILITY
STABLE, INSTRUCTORS and CLINICIANS

This RELEASE OF LIABILITY is made and entered into this _____ day of _____ 20 ____, by and between OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, ROB BIELEFELD its agents and employees, and clinicians, hereinafter designated as OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH and ROB BEILEFELD _____, hereinafter designated as RIDER; and if RIDER is a minor, RIDER's parents or guardian,

_____. In return for the use today and on all future dates of this property, its horses and equipment, and any other location or property in which riding lessons, horse shows or events are conducted, all facilities and services of OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD the RIDER, his/her heirs, assignees and legal representatives, hereby expressly agree to the following:

1. RIDER acknowledges that there are risks in horseback riding and the activities in and around stables and the horses, including the risk of injury or death and damage to personal property. RIDER voluntarily assumes all such risks for themselves while around the horses, instructor or properties, and any other time using skills learned while working with OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH and ROB BIELEFELD. RIDER does for himself/herself and his/her heirs, executors and assigns forever release OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD for any claim, cause of action or demand for personal injury or death or property damage arising from or relating to his/her activities with or at or from OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD.
2. It is the responsibility of the RIDER to carry complete insurance coverage on his/her horse, personal property and him/her self.
3. RIDER agrees to indemnify and defend OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD against and hold it harmless from, any and all claims, causes action, damages, judgements, costs or expenses, including attorney's fees, which in any way arise from RIDER's use of or presence upon OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD properties or facilities.
4. RIDER agrees to abide by all of OUTLAWSTABLE/TARA DAWN HAZEN, LINDSAY VULICH, and ROB BIELEFELD rules and regulations.
5. This agreement represents the entire agreement between the parties. No other agreement or promise, verbal or implied, are included unless stated in this written agreement.

Tara Dawn Hazen
OUTLAW STABLE

Lindsay Vulich

RIDER

Rob Bielefeld

Parent or Guardian

UNITED STATES



HUNTER JUMPER ASSOCIATION™

CLINIC NAME: _____ DATE: _____

LIABILITY RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING.

YOU MAY NOT PARTICIPATE IN THIS CLINIC UNLESS YOU HAVE SIGNED THIS RELEASE.

I _____ understand that there are risks inherent in equine activities. These risks include, but are not limited to:

1. The propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, regardless of its training and past behavior.
3. Other hazards such as surface and subsurface objects
4. Collisions with other horses, animals, people and objects.

I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries and death. With full knowledge and awareness of these and all other dangers inherent in and related to the sport of horseback riding and equine activities, I am knowingly participating in instruction and/or training in this clinic/symposium and voluntarily engage myself (or my minor child) and/or my horse in these activities and fully assume all risks involved.

I further agree that the United States Hunter Jumper Association, Inc. (USHJA) shall not be liable in any manner for any accident, injury, damage, loss or for any other occurrence that may happen to the undersigned or the undersigned's horse as a result of the undersigned's participation in this clinic. In consideration for my (or my minor child's) participation in this clinic, I agree to fully and forever release and hold harmless the United States Hunter Jumper Association, Inc. (USHJA) from any and all liability due to injuries, claims, damages, actions or losses, economic and non-economic, which may arise out of my (or my minor child's) or my horse's participation in this clinic/symposium.

In addition, I understand and agree that this clinic/symposium and my participation in it may be photographed, videotaped, audio taped or otherwise recorded and that the photographs, videotapes or other recordings are and remain the sole and exclusive property of USHJA. The images may be reproduced, preserved, distributed and used without limitation by USHJA for any purpose, including sale.

I HAVE READ AND UNDERSTAND THIS LIABILITY RELEASE AND AGREE TO ITS TERMS.

Signature (of Parent, if Participant is under the age of eighteen)

Print Name

Print Name of Parent (if Participant is under the age of eighteen)

Date