



# Equine Extravaganza

## CLINIC APPLICATION

We offer several opportunities to participate with our clinicians at Equine Extravaganza. Please complete this form in its entirety, as only completed application will be considered. If you plan to apply for multiple clinics please fill out separate applications. Fees vary for each clinic. Riders may trailer in or reserve a stall for the day or for the three days of the event. Fee for each clinic includes the clinic and admission for one person (rider) to the event for the day. Riders under 18 may be accompanied by one parent at no charge for the day of the clinic. The cost of clinics ranges from \$75.00 to \$200.00. You will be advised of all fees as soon as your application is reviewed. Please include a \$50 deposit to reserve your space in the desired clinic. If your horse is not chosen for the clinic the deposit will be refunded. If your horse is selected, the deposit becomes non-refundable and the non refundable balance is due upon notification of acceptance.

Rider's Name: \_\_\_\_\_ Rider's Age: \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Rider's Address \_\_\_\_\_

### Clinics applying for:

Clinician	Day and Date	Time

### ABOUT YOUR HORSE

Name of Horse \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Is your horse \_\_\_\_\_ Unbroken \_\_\_\_\_ Started under saddle \_\_\_\_\_ Experienced under saddle

Horse History: Give brief description of horse's training history, style of riding and where ridden, competition level (if applicable).

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Please describe horse's behavior (rears, bites, kicks, bucks, spooky, what fears he has, etc.), include completion issues

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List your goals for you and your horse:

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Has your horse worked in a round pen? \_\_\_\_\_ Does your horse lunge? \_\_\_\_\_

Does your horse stand quietly for the Farrier? \_\_\_\_\_

Does your horse load on a trailer? \_\_\_\_\_ How long does it take? \_\_\_\_\_

What methods have you used? \_\_\_\_\_

What specific problems are you having with your horse?

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Please feel free to add extra pages for additional information. You will be contacted as soon as possible but no later than 30 days prior to the event if you are selected. Any questions can be directed to [info@equineextravaganza.com](mailto:info@equineextravaganza.com) or call 410-349-9333.

**Mail application and \$50 deposit to:  
Equine Extravaganza, 640 Owl Ct., Arnold, MD 21012**

Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE: Check list

Stall Reservation form	
Liability Release Form	
Negative Coggins	
Health Certificate if needed	
Completed Application	
Amount Due	
Fees Paid	
Check number	
Stall needed (circle days)	FRI SAT SUN

Notes: \_\_\_\_\_

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The Virginia Equine Extravaganza  
**RELEASE, WAIVER & INDEMNITY AGREEMENT**

The undersigned (hereinafter referred to as "Rider/Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises of the Meadows Event Park, VA, and/or to participate in any equestrian related event or other activity at the Equine Extravaganza (including but not limited to being around, handling or caring for horses at the event), and/or to receive training or instruction from an exhibitor or clinician at the Equine Extravaganza, and or/volunteer at the event or participate in any capacity, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver & Indemnity Agreement.

**THEREFORE, IN CONSIDERATION OF BEING PERMITTED TO ENTER UPON THE PREMISES OF THE MEADOW EVENT PARK AND PARTICIPATE IN HORSE-RELATED ACTIVITIES AT THE EQUINE EXTRAVAGANZA, AND/OR RECEIVE INSTRUCTION OR ASSISTANCE FROM AN EXHIBITOR OR CLINICIAN AT THE EQUINE EXTRAVAGANZA, RIDER/PARTICIPANT OR PARTICIPANT KNOWINGLY AND EXPRESSLY WAIVES RIDER/PARTICIPANT'S OR PARTICIPANT'S RIGHTS TO SUE THE MEADOW EVENT PARK AND/OR (THE ORGANIZER OF THE EQUINE EXTRAVAGANZA) MOONLARK, INC, ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, VOLUNTEERS, SUCCESSORS, HEIRS, AND ASSIGNS, FOR ANY INJURY, DEATH, LOSS, OR DAMAGE CAUSED TO RIDER/PARTICIPANT OR TO RIDER/PARTICIPANT'S PROPERTY OR TO PARTICIPANT OR TO PARTICIPANT'S PROPERTY, AND RIDER/PARTICIPANT AGREES TO ASSUME ALL RISKS INHERENT IN RIDING OR OTHERWISE COMING IN CONTACT WITH HORSES, INCLUDING, WITHOUT LIMITATION, THE RISKS OF INJURY, DEATH, LOSS, OR DAMAGE TO RIDER/PARTICIPANT OR TO RIDER/PARTICIPANT'S PROPERTY. RIDER/PARTICIPANT ACKNOWLEDGES THAT RIDER/PARTICIPANT HAS BEEN GIVEN NOTICE OF THE RISKS INHERENT IN AND INTRINSIC DANGERS OF EQUINE ACTIVITIES, INCLUDING (i) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS WHICH MAY RESULT IN INJURY, HARM, OR DEATH TO PERSONS ON OR AROUND THEM; (ii) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SUCH THINGS AS SOUNDS, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS; (iii) CERTAIN HAZARDS SUCH AS SURFACE AND SUBSURFACE CONDITIONS; (iv) COLLISIONS WITH OTHER ANIMALS OR OBJECTS; AND (v) THE POTENTIAL OF A PARTICIPANT ACTING IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY, AND RIDER/PARTICIPANT EXPRESSLY AGREES TO ASSUME ALL SUCH RISKS AND WAIVES ALL RIGHTS TO SUE FOR INJURIES CAUSED BY SUCH RISKS. THIS WAIVER AND EXPRESS ASSUMPTION OF RISKS SHALL SPECIFICALLY APPLY TO RIDER/PARTICIPANT AND TO ANY AND ALL MINOR CHILDREN AND/OR WARDS OF RIDER/PARTICIPANT, IN ACCORDANCE WITH THE TERMS OF VA. CODE ANN. § 3.2-6200 - 6302 (formally §§3.1-796.130) *et seq.*, AND SHALL BE CONSTRUED TO COMPLY WITH ALL EXCULPATORY TERMS OF THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT, VA. CODE ANN. § 3.2-6200 - 6302 (formally §§3.1-796.130) *et seq.* (*Chapter 27.5, Code of Va. (1950)*).**

**IF RIDER/PARTICIPANT IS A MINOR OR OTHERWISE UNDER A LEGAL DISABILITY, THIS AGREEMENT SHALL BE SIGNED BY RIDER/PARTICIPANT'S PARENT OR LEGAL GUARDIAN. BY SIGNING, THE PARENT OR LEGAL GUARDIAN AGREES (i) TO WAIVE THE PARENT'S, GUARDIAN'S, AND RIDER/PARTICIPANT'S RIGHTS TO SUE THE PARTIES NAMED IN THE IMMEDIATELY PRECEDING PARAGRAPH; (ii) TO ASSUME, ON BEHALF OF THE PARENT, GUARDIAN, AND RIDER/PARTICIPANT, THE RISKS SET FORTH IN THE IMMEDIATELY PRECEDING PARAGRAPH, IN ADDITION TO ALL OTHER RISKS OF RIDING OR OTHERWISE COMING INTO CONTACT WITH HORSES; AND (iii) TO INDEMNIFY AND HOLD HARMLESS THE MEADOW EVENT PARK AND/OR (THE ORGANIZER OF THE EQUINE EXTRAVAGANZA) MOONLARK, INC, ITS MEMBERS, MANAGERS, EMPLOYEES, AGENTS, VOLUNTEERS, SUCCESSORS, HEIRS, AND ASSIGNS FROM ANY LOSS, CLAIM, SUIT, OR**

