

**Liberty and Finesse 3 day clinic with 4\_Star Parelli Professionals**  
**Jody Grimm-Ellis and Margit Deerman**  
**REGISTRATION FORM**  
**June 24-26, 2022, Fiesta Island on 27<sup>th</sup>**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Check # \_\_\_\_\_ cash \_\_\_\_\_  
Arrival Date and Time: \_\_\_\_\_ Departure: \_\_\_\_\_

Cost: \$750/participant, includes: Lunch and facility fee. \$ \_\_\_\_\_  
Pen Fee (\$15/night) Thurs  Fri  Sat  Sun  Mon  \$ \_\_\_\_\_  
Overnight Dry Camping \$15/night Thurs  Fri  Sat  Sun  Mon  \$ \_\_\_\_\_  
  
Auditors: \$35/day or \$60/2days or \$85/3days \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

All Checks made out to Margit Deerman

**Limited to 15 riders. Sending check and forms will hold your spot!**  
**Not cashed until 2 weeks prior to clinic. Non refundable after that.**  
**Can send ALL payments, check, Paypal (under friends and family so no fees),**  
**Venmo, (no credit cards) and forms to:**

Margit Deerman  
Attn: Liberty and Finesse  
29515 Anthony Road  
Valley Center, Ca. 92082

**Participant Information:**

PNH level completed if any: \_\_\_\_\_ Years experience: \_\_\_\_\_  
Any medical handicaps \_\_\_\_\_  
In case of emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Horse information:  
Breed: \_\_\_\_\_ Mare/gelding: \_\_\_\_\_ Age: \_\_\_\_\_  
Horses must be updated on all vaccines. Negative Coggins for horses coming from OUT OF STATE is mandatory.

**For more information: Contact Margit Deerman at [mdeerman@gmail.com](mailto:mdeerman@gmail.com) or 619 987-4803.**  
**Or go to [www.margitdeerman.com](http://www.margitdeerman.com) or [www.parelli.com](http://www.parelli.com)**

## LOGISTICS

**Location:** Rancho Descanso in Valley Center, California. [www.ranchodescanso-vc.com](http://www.ranchodescanso-vc.com).

**Time:** Clinic will start on time with a small break when needed. 8:00 am check in on Friday. We will start online/liberty. Start 9-5pm.

**Facility:** Pens are 12x12 priefert panels. Facility has an arena, round pen, and warm up arena. Please bring your own feed, water buckets for your horse. You are responsible to clean up after your horse.

No hook ups, dry camping only.

**Concessions:** Coffee and morning goodies. Lunch is included with rider. If auditor wants lunch, please let host know.

**Overview:** This is going to be a fantastic clinic! Jody and Margit have both been focused on Finesse riding naturally these last few years and have a lot to share. If you came last year, we will expand our finesse riding with riding the dressage court, working equitation components and more group liberty! Monday will be our fun day at Fiesta Island!

For more information or questions, My cell # is 619 987-4803. [mdeerman@gmail.com](mailto:mdeerman@gmail.com)  
Margit

**(If you have signed a release for me this year, you don't need to do another one, skip to Dave and Jodys)**

**MARGIT DEERMAN**

**Agreement and Liability Release**

(Complete all blank areas/red areas)

I, \_\_\_\_\_ (Releasor) acknowledge that I have voluntarily registered to attend or participate in an instruction and training Demonstration and /or Clinic in the training, selection, care, handling and riding of equines, (hereinafter referred to as "Clinic") with Margit Deerman, approved PNH Instructor, Parelli Natural Horsemanship, or any affiliated organization or instructor (hereinafter "PNH") which clinic may have been organized by a local Sponsor in association with PNH namely: \_\_\_\_\_ (hereinafter "the Sponsor"), such Clinic to take place at such locations as may from time to time be designated by PNH or the Sponsor.

**I AM AWARE THAT ACTIVITIES INVOLVING EQUINES CAN BE HAZARDOUS. I AM VOLUNTARILY PARTICIPATING (OR PERMITTING MY MINOR CHILD TO PARTICIPATE) IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE INVOLVED, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:** \_\_\_\_\_

As consideration for being permitted by PNH or the Sponsor to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of PNH, the Sponsor or any of their agents, employees or affiliated organizations, or the supplier of any of the equipment I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of PNH, the Sponsor or any of their agents, , employees or affiliated organizations as a result of my participation in the above-referenced Clinic. I hereby release PNH, the Sponsor or any of their agents, employees or affiliated organizations from all action, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may have hereafter have for personal injury, death or property damage resulting from my participation in the Clinic.

I further agree to indemnify, save and hold harmless, Margit Deerman, PNH, the Sponsor, or any of their agents, employees or affiliated organizations and each of them from any loss, liability, damage or cost they, or any of them, may incur as a result of my attendance at or participation in the Clinic.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, PNH, THE SPONSOR, AND/OR ANY OF THEIR AGENTS, EMPLOYEES OR AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT THIS AGREEMENT SHALL BIND ME, MY LEGAL REPRESENTATIVES, DISTRIBUTES, GUARDIANS, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY LEGAL COURT CONTRARY TO THE TERMS HEREOF.**

Executed at (City/State) \_\_\_\_\_ on (Date) \_\_\_\_\_

RELEASEOR SIGNATURE: \_\_\_\_\_ (Good for 1 year at any Clinic)

FOR (Minor's Name if signing as Parent/Guardian): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PHONE NO(S): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE NO(S): \_\_\_\_\_

**I CERTIFY THAT \_\_\_\_\_ (RELEASEOR) ACKNOWLEDGED IN MY PRESENCE THAT HE/ SHE HAS READ AND FULLY UNDERSTOOD THE MEANING AND CONSEQUENCES OF THE FOREGOING RELEASE, AND SIGNED IT IN MY PRESENCE.**

WITNESS SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

(good for entire 2022 calendar year)

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## DAVID ELLIS/JODY GRIMM LIABILITY RELEASE

**HORSES CAN BE VERY DANGEROUS I AM TAKING A RISK AND I ASSUME RESPONSIBILITY FOR MY ACTIONS**

**Be advised that many states limit the liability of equine professionals for horse related injuries. Dave Ellis and/or Jody Grimm Clinics, Lessons & Training -Release of Liability Agreement:** I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property, and me. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling or riding either my horses, or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of my participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Dave Ellis and/or Jody Grimm, host facility and sponsors, and their agents and employees against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have this release of liability and know and understand its contents. I also give permission for my name, address and telephone number to be shared within the Parelli Natural Horse-Man-Ship organization for purposes of providing clinic, workshop and special information mailings.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ /2022

Parent/Guardian please sign for minor.

UNLESS SPECIFICALLY REVOKED, THIS RELEASE IS IN EFFECT  
FOR THE ENTIRE CALENDAR YEAR 2021

## Participant's Release of Liability and Hold Harmless Agreement

This release contains important limitations of legal liability. Please read it carefully before signing.

I recognize that competitive and pleasure horse activities possess inherent risks of injury and damage to me personally, my children, my family, my horse(s), and my equipment.

Acknowledging these facts, in consideration for the privilege of riding and/or working around horses at the Rancho Descanso Valley Center facility, the undersigned does hereby agree to defend, indemnify and hold harmless Rancho Descanso Valley Center, LLC, their owners, members, officers, instructors, employees, and all other persons in any way connected with activities at this facility and their representatives, heirs, and assigns, executors, and administrators from claims or demands of any kind, including but not limited to claims for personal injury or property damage and all injuries that might be sustained by me, including injuries to mine or other animals or from any and all claims of any kind or nature that I might have as a result of or arising out of my participation in any activity while on their premises.

**MINORS MUST HAVE THIS RELEASE SIGNED BY THEIR PARENT OR LEGAL GUARDIANS.** I acknowledge that I have read and understand the foregoing liability and agree to the terms thereof.

This release is valid through the entire calendar year of signature.

Signature: Date:

Print Name: Print Address: Signature of Parent or Guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

