

Equine Align/Rider Refine Clinic
Robele Farms at Equine Illusions (Miller) Ranch
11001 Longford Ave, Lake View Terrace, Ca. 91342
Dec. 6-8th, 2024

Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: _____ Cell: _____

Arrival Day/Time: _____ Departure Day/Time: _____

Participant: \$725 With Horses \$ _____

Auditors: \$225 Without Horses (includes hand outs
And ground participation) \$ _____

\$100 Without horses (no handouts
or ground participation) \$ _____

Total: \$ _____

Contact Michele regarding stabling or haul-in costs and payment

Participant Information:

Years Horse 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 Michele at 818 834-5818 or
robele farms@gmail.com

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, DISTRIBUTEES, 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) _____

RELEASOR 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 _____ (RELEASOR) 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: _____

WAIVER AND RELEASE OF LIABILITY for Dr. Amy Resler

IN CONSIDERATION OF the risk of injury that exists while participating in HORSE BACK RIDING (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, _____, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge AMY RESLER, her affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Amy Resler to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the

Activity unless I am medically able and properly trained, and I agree to abide by the decision of Amy Resler or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Amy Resler AND ALL OF HER AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Amy Resler FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Amy Resler, its agents, and employees. I agree that this Release shall be governed for all purposes by law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both and Amy Resler agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL. I

have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

(Signature)

(Date)