

Rose Bowl Riders, Inc.
 Lower Hahamongna Watershed Park
 4750 Oak Grove Dr.
 Pasadena, CA. 91103
 (818) 790-8341



Mailing Address:
 Rose Bowl Riders, Inc.
 P.O. Box 226
 La Canada, CA. 91012

www.rosebowlriders.org

Lisa Kursinski Hunter-Jumper and Dressage Clinics

**March 31 - April 1
 and May 5-6, 2007**

Both a full-sized dressage court and varied sets of jumping gymnastics will be set up in the main arena at RBR. Dressage basics can significantly assist you in producing excellent hunter-jumper work. It will be your decision how you would like to use your time with this multi-talented clinician. Riders are urged to ride both days; however, two riders may 'buddy-up' per weekend - one rider per day. **NO SINGLE DAY SIGN-UPS AT THIS TIME.** Post entries may be accepted depending on space.

Description of Horse:

Name of Horse _____ Sex _____

Breed _____ Height _____ Color _____

FEES:

FEES	SAT 3/31	SUN 4/1	And ...Or...	SAT 5/5	SUN 5/6
Clinic Fee.....\$100.00/day					
RBR Arena Fee.....\$10.00/day					
RBR Stall Fee (optional) \$15.00/day					

TOTAL Lisa Kursinski Clinic fees.....\$ _____

TOTAL Rose Bowl Riders fees\$ _____

Please make **Clinic Fee** payable to **Lisa Kursinski**. All other fees are payable to **Rose Bowl Riders**.

Clinic begins at 9:00 am each day. Each one-on-one ride with Lisa will be 45-50 minutes long. Ride times will be emailed or phoned to you. A 50% deposit is required to hold your spot in the clinic. **Form must be postmarked by 3/23 for the 3/31-4/1 clinic and by 4/23 for 5/5-6 clinic.** **POST ENTRIES MAY BE POSSIBLE DEPENDING ON SPACE.** Deposits will only be refunded to you if your spot can be filled or with a veterinarian's note.

I Understand as "OWNER" that I am responsible for feeding and watering said horse and stall cleaning.

Recognizing and agreeing that horse sports may be DANGEROUS AND HAZARDOUS ENDEAVORS, EVEN LEADING TO PERMANENT INJURY OR DEATH, the undersigned, as owner, rider, spectator or other participants and/or parent or legal guardian of owner, rider, spectator or other participant, (Collectively "owner") knowingly and expressly ASSUMES ANY AND ALL RISKS or loss of bodily injury and AGREES TO HOLD HARMLESS, REGARDLESS OF NEGLIGENT ACTS OR OMISSIONS, Rose Bowl Riders, Inc., it's organizing committee, director, members, agents and employees, and any instructor of Rose Bowl Riders, Inc. and his or her employees, or employees thereof, (Collectively Rose Bowl Riders, Inc.) Each owner shall indemnify Rose Bowl Riders, Inc. against all claims or demands of any nature that may grow out of an injury occasioned by a horse or arise from the negligence of the person(s) in charge of such horse.

In addition to the above ASSUPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT, the undersigned knowingly and expressly RELEASES Rose Bowl Riders, Inc. OF ANY ACTS OF NEGLIGENCE, WHETHER ACTIVE OR PASSIVE.

This agreement is made on behalf of the undersigned, and any guest or relative of the undersigned, including minor children or wards thereof. The agreement to HOLD HARMLESS shall include the payment of any attorneys' fees, and shall include the reimbursement to Rose Bowl Riders, Inc. arising out of the loss or damage to the property of the undersigned, including any guests, relative, minor children, or wards thereof, from any cause whatsoever.

THE UNDERSIGNED RECOGNIZES AND AGREES THAT BY EXECUTING THIS ASSUPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, HE OR SHE IS WAIVING AND RELEASING VALUABLE LEGAL RIGHTS.

Risk of loss: During the time that said horse is on the property of Rose Bowl Riders, Inc., Rose Bowl Riders, Inc. shall not be liable for any sickness, disease, estray, theft, death, or injury which may be suffered by the horse or any other cause of action, whatsoever, arising out of being connected in any way with the boarding of said horse. This includes but is not limited to, any personal injury or disability the horse may receive while on Rose Bowl Riders, Inc. premises.

Emergency Care: Rose Bowl Riders, Inc. agrees to attempt to contact the OWNER should Rose Bowl Riders, Inc. feel that medical treatment is needed for said horse but, if Rose Bowl Riders, Inc. is unable to contact OWNER, Rose Bowl Riders, Inc. is then authorized to secure emergency veterinary and blacksmith care required for the health and well being of said horse. All costs for such care secured shall be paid by OWNER, and Rose Bowl Riders, Inc. is authorized, as OWNER'S agent, to arrange direct billing to the OWNER.

Restriction of Horses: No Stallions of any age, pregnant mares or mares with foal will be permitted to be boarded.

Damages: OWNER agrees to be charged by Rose Bowl Riders, Inc. for any damages said horse or they themselves cause to the Rose Bowl Riders, Inc. property during their stay.

Owner	Rider
Owner's Name _____	Signature _____ Date _____
Owner's Signature _____ Date _____	Name, typed or printed _____

Checks and forms must be postmarked by March 23 for March clinic and by April 27 for May Clinic.

Address _____
 City/State/Zip _____
 Telephone _____
 Email Address _____

Mail Checks and Forms to:
Ms. Darcy Williams
1133 Pine St. Unit #110
South Pasadena, CA 91030

zebrashine@earthlink.net preferred (or 626/755-7588)