

AUDITOR REGISTRATION FOR ALPHA DRESSAGE ASSOCIATION SPONSORED EVENT

You may register to attend either or both of these events.

AUDIT MUSICAL FREESTYLE CLINIC with MELANIE MICHALAK

Sunday, March 10, 2024 9am – 5pm

InStride Ranch Covered Arena, 1629 Ranch Road, Nokomis, FL

Auditors for the riding clinic on Sunday, March 10, 2024, may register and pay in advance or may register and pay at the clinic. All auditors must sign required release forms - attached.

Auditor Clinic Fees: Alpha Member \$10/person Nonmember \$20/person

ATTEND Q & A with MELANIE & WINE AND CHEESE

Saturday, March 9, 2024 6:30pm – 8:30pm

7816 213th Street East, Bradenton (Panther Ridge)

ADVANCE REGISTRATION REQUIRED NO LATER THAN MARCH 5TH FOR THE Q&A

Q&A Attendee Fees: Alpha Member \$20/person Nonmember \$30/person



Auditor's Name: _____

Parent's Name if Auditor is a Minor: _____

Mobile Number (required) _____ Email (required): _____

<u>Fees Due:</u>	Clinic Audit Fee	\$ _____	May register & pay at Clinic
	Q&A Attendee Fee	\$ _____	Advance RSVP Required
	TOTAL DUE	\$ _____	

Pay with either: 1) check made payable to Alpha Dressage Association and mail to: Susan Schoettle, 18099 Deer Prairie Drive, Sarasota, FL 34240, or 2) by Venmo @Alpha-Dressage (please note in Venmo that purpose is Purchase Dressage Clinic Event Ticket).

Want Additional Information? Contact Susan Schoettle by email at sschoettle@yahoo.com or at 941-320-3054 (texting preferred).

See you at the Clinic and the Q&A!

Please sign all 3 forms - Alpha and 2 InStride forms



RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF RISK AGREEMENT

ALPHA DRESSAGE ASSOCIATION, INC.

I, the undersigned, voluntarily wish to participate in Alpha Dressage Association, Inc. ("Alpha") events that occur on and between 12/1/2023 and 11/30/2024 and understand that this release, waiver and assumption of risk will be in effect during the entire identified time period and for all locations of Alpha events whether or not I sign any additional releases. I understand that during portions of these events I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility and the activities in which I will be engaged. Knowing these risks, I hereby agree to assume these risks and to release and hold harmless all of the persons or entities mentioned in this release. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs, executors, representatives, and assigns.

In consideration of Alpha allowing my participation in and/or presence at any event, I, on behalf of myself and my heirs, administrators, personal representatives, assigns, children and spouse, if any, do hereby agree to hold harmless, release and discharge Alpha, which includes it's officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of Alpha. I shall not bring any claims, demands, legal actions or causes of action against Alpha for any damage or loss due to bodily injury, death or property damage arising out of my participation in these events. I am aware that an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity. **Approved helmets MUST be worn by all riders while mounted. Riders under the age of 18 years must be accompanied by an adult while attending an Alpha Dressage event.**

I hereby consent to and authorize the taking of and use and reproduction by Alpha of any and all photographs and any other audiovisual materials taken of me, my child/ward, and/or horse for any use for the benefit of Alpha and its activities and members.

I have carefully read this document in its entirety, understand all of its terms and conditions, and know it contains an assumption of risk, release and waiver from liability, as well as hold harmless and indemnification obligations.

FLORIDA WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Printed Name of Participant

Date

Signature of Participant or of Parent or Guardian
(if participant is a minor)

Date

InStride General Rules and Guidelines

All rules, guidelines, decisions, and actions at InStride are to be made with the InStride staff, volunteers, and guests' safety as the first consideration, followed by the safety of the animals and, finally, the safety of InStride facility and equipment.

Participant agrees that all rules and regulations at InStride shall be enforced and supported, including but not limited to the following:

General Rules

- A signed Liability Release is required for everyone riding or directly interacting with any horse at this facility. (Grooming, feeding, entering the stall, leading, lunging, riding, etc...)
- Visitors and owners of any animal brought to the facility must observe all regulations of the State of Florida Animal Health Division.
 - All horses must have a negative Coggins test dated within one year of arrival at the facility.
- **Riding areas and times shall be posted in a designated area of the barn**
- **All therapy programs have the first right to designated areas free from riding and training**
- If for any reason, you, your guest, or your horse is creating or adding to any conflict with any program, you will be asked to stop immediately and/or put your horse in the stall.
- Adult/parent supervision is required for children under age **16** before and after lessons and/or riding a horse boarded at InStride.
- Please clean up after your horse/horses including in any arena after riding/schooling.
- The turnout schedule of horses is determined by InStride barn management and staff while considering boarding horses and their preferred schedule.
- Please only handle barn machinery with direct permission from a staff member.
- Trash must be placed in the proper bins. The recycling program must be respected.
- Boots and proper riding attire must be worn when riding on the property.
- **ASTM/SEI-approved helmets are required for all riders, regardless of age.**
- Please review the barn rules with family members and friends visiting the facility.
- Boarders must have all persons permitted to handle their horse sign the rules and guidelines document, a liability release, and be documented in the boarding agreement.
 - Please make staff know of any changes before a new person's arrival.
 - Written permission by Boarder for friends and/or family; riding/handling/visiting private horses must be on file with management before arrival.
- Outside trainer's must be approved by InStride management before arrival.
- All personal injury or property damage must be reported to the owner or trainer so that an official incident report may be prepared and filed.
- No smoking or use of any tobacco products on the property.
- All medical waste must be kept separate from manure and trash and disposed of in the proper bins/sharps container provided.
- Please use crossties and do not tie horses in stalls.
- Horses shall be kept from being loose or unattended when not stabled.
- Owners must maintain control of their horses when not stabled or turned out in the appropriate paddock.

VEHICLES AND PARKING

- Anyone operating a motorized vehicle on the premises must have a valid driver's license.
- Follow the 5mph Speed Limit.
- No skateboards, in-line skates, or roller skates are allowed in the barn or on the grounds. Baby strollers are permitted.

*Please note that the rules may change and/or be updated at any time. All changes will be posted and sent to all boarders, volunteers, and clients.

Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

I have read and understand the above rules and regulations at InStride and do fully and freely accept its terms and agree to the above rules and regulations, which may change from time to time and will be posted and/or reviewed with boarders.

Printed Name _____

Date _____

Signature _____



Liability Release, Waiver and Assumption of Risk Agreement

Please note: under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. If participant is under the age of 18, signature of parent/guardian is required. Thank you.

_____ (Participant's Name) would like to participate in activities at InStride's facilities. I acknowledge the risks and potential for risks with horses and horseback riding. However, I feel that the benefits to me my son/my daughter/my ward are greater than the risk I/they assume. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against InStride, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward or I may sustain while on InStride's property and/or participating in activities at InStride.

SIGNATURE: _____ **DATE:** _____
(Participant, Parent/Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY: [Not Required for Alpha Event]

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Physician: _____

Phone: _____

Preferred Medical Facility: _____

In case of emergency, I give my permission to InStride Therapy to secure any medical treatment deemed necessary including: x-ray, surgery, hospitalization, and medication.

SIGNATURE: _____ **DATE:** _____
(If participant is under the age of 18, the signature of a parent/guardian is required)

PHOTO RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by InStride of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my word for promotional material, educational activities or for any other use for the benefit of the program.

SIGNATURE: _____ **DATE:** _____
(Participant, Parent/Guardian)