



www.RevelationFarm.com  
 620 Old Jones Road  
 Alpharetta, GA 30004  
 Revelationfarm1911@gmail.com  
 404-219-1266

## 2016 Intensive Clinics Registration Form

Thank you for your interest in registering for Revelation Dressage Intensive Clinics! Prepare to have some fun while learning!

This packet contains information to register for the clinics. This packet along with total amount due is required to be registered for the clinic. We look forward to having you at the clinic and are committed to making it a memorable learning experience. Please call us if you have any questions.

### 1. Please mark the clinics that you are registering for in the box to the left:

Check Box	Clinic Name & Description	Date	Cost :
	<p style="text-align: center;"><b>Ride a Test</b></p> <p><b>Are you ready to improve your dressage scores this in 2016? Then get ready for this intensive Ride a Test clinic focused on helping your ride go better:</b></p> <ul style="list-style-type: none"> <li>• What's new in the rules this year? What about show riding etiquette?</li> <li>• How do you ace the warm up for a killer test?</li> <li>• Are you ready for the next level?</li> <li>• How do you fix the areas you keep struggling with in your test?</li> <li>• Bring your tests and be ready to ride the test and be judged to see where you are and then follow up work with riding exercises to help improve on those pesky test movements.</li> <li>• Start your spring showing season strong!</li> </ul>	<p><b>Sunday</b>  <b>February 29, 2016</b></p>	<p><b>\$100</b></p>
	<p style="text-align: center;"><b>Changing Gaits</b></p> <p><b>Description:</b></p>	<p><b>Sunday</b>  <b>July 10 2016</b></p>	<p><b>\$100</b></p>

	<ul style="list-style-type: none"> <li>• Transitions make or break you when riding your horse!</li> <li>• There's a lot to it. Changes from one gait to another and changes within a gait.</li> <li>• Did you know there are 200 trots? Horse legend Charles de Kunffy says so!</li> <li>• So what do you do with all of those and how can transitions make a big change in your horse?</li> <li>• Come to this clinic to find out!</li> </ul>		
	<p style="text-align: center;"><b>Going Lateral</b></p> <p><b>Description –</b></p> <ul style="list-style-type: none"> <li>• It's time to get lateral!</li> <li>• Your horse needs the suppling and strengthening of the lateral work.</li> <li>• Lateral work is not just a level destination for dressage tests. It can help supple and strengthen horses of all disciplines!</li> <li>• Come to this clinic and get ready to bend!</li> </ul>	<p><b>Sunday</b> <b>November 6,</b> <b>2016</b></p>	<p><b>\$100</b></p>
		<p><b>All three clinics!</b></p>	<p><b>\$275 prepaid</b></p>
	<p><b>Auditors always welcome!</b> <b>Bring your own chair</b></p>		<p><b>\$20</b></p>

**2. Clinic Time:**

- Clinic runs from 1 PM – 4pm EDT each Day
- Please arrive at least 1 1/2 hours in advance to check in and to get ready.

**3. What to Bring to the Clinic**

- Copy of Proof of Negative Coggins
- Health Certificate if coming from out of state of GA
- Hay/grain for horses
- Buckets for feed and water
- Bring tack; saddle, pad, bridle, halter & lead line
- Horse will have a stall to hang out until their ride time
- Note book and pen for taking notes
- Video camera for videoing your ride
- Snacks and water is provided at the clinic but please bring diet specific items

- As much as we love dogs, we ask that your dogs remain at home
4. **Cancellation Policy:** Clinic will be held rain or shine. In the event you need to cancel, a refund will only be given if the clinic has been filled and we were able to backfill with someone from our waiting list. A filled clinic is determined by the type and duration of clinic.
5. **What to mail to us to be registered:**
- Completed Registration Form (pages 2-4 in this packet)
  - Make sure all signatures are complete in all sections of the form
  - Total Clinic Fee (make check or money order payable to “Danielle Perry;RF”)
  - Please make sure that your email address is clearly written so we can send you a confirmation email regarding receipt of your registration
6. **Location of all clinics**

**Revelation Farm**  
**620 Old Jones Rd**  
**Alpharetta, GA 30004**  
 404-219-1266  
[Revelationfarm1911@gmail.com](mailto:Revelationfarm1911@gmail.com)  
[www.revelationfarm.com](http://www.revelationfarm.com)

**7. Participant Information:**

**Name:** First \_\_\_\_\_ Last \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Rider over 18 yrs of age? (Y/N)** \_\_\_\_\_ **/Parents signature(Under 18)** \_\_\_\_\_  
**Phone: (h)** \_\_\_\_\_ **(wk)** \_\_\_\_\_ **(cell)** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Emergency Contact Name & #:** \_\_\_\_\_

**Showing Level:** \_\_\_\_\_  
**Schooling Level** \_\_\_\_\_  
**Level you want to advance to** \_\_\_\_\_  
**What part of the dressage test is most challenging for you or your horse?** \_\_\_\_\_

**Horse Name** \_\_\_\_\_  
**Horse Age** \_\_\_\_\_  
**Horse Breed** \_\_\_\_\_

**8. Read and sign the below giving consent to use photos taken at the clinic:**

The undersigned hereby consents to give Danielle Perry, Revelation Farm and Revelation Dressage unrestricted use of photographs of events, clinics, and all photos taken on Revelation Farm’s property to be Danielle Perry, Revelation Farm and Revelation Dressage and/or any of its subsidiaries or affiliates or sponsors to be used in any news story, article, blogs, Website, Horsemanship DVD labels, publication, or advertising in any kind or in any manner in which above named may decide to use it. This includes any alterations or modifications of said photographs including negatives and prints.

Signature X: \_\_\_\_\_

## 9. HOLD HARMLESS

### ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

I [PRINT NAME HERE] \_\_\_\_\_ (hereafter, "Participant", which term includes Participant's parent or legally appointed Guardian, if a minor), freely and voluntarily seek to participate in any or all programs, events and/or activities sanctioned, produced, or sponsored by Danielle M Perry (DMP) that include educational and training programs, youth programs, clinics, and/or competitions at any time and at any location. These activities, programs, and events will hereafter be referred to as "the Activities," and DMP, together with its sponsors, managers, property owners, officials, organizers and affiliates and their respective directors, officers, members, employees, agents, volunteers, representatives, and designated officials will collectively be referred to as "Event Sponsor." In consideration of the Event Sponsor allowing Participant to participate in the Activities, now and in the future, Participant agrees as follows:

1. *Acknowledgment of Inherent Risks of Equine Activities/Assumption of Risks.* Participant acknowledges that there are numerous inherent risks of equine activities, whether preparing for, entering, attending, participating in, or leaving the Event. The inherent risks include those dangers and conditions which are an integral part of equine activities, including, *but not limited to:* (a) the propensity of an equine or other animal to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of the equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals; (c) certain hazards such as surface or subsurface conditions; (d) collisions with other animals or objects; (e) the potential of a participant or other Participant to act in a negligent manner that may contribute to injury to the participant, Participant, or others, such as failing to maintain control over the equine or not acting within his or her ability; (f) the breakage or failure of tack or other equipment; and (g) the potential that an equine or animal may cause injury or harm to the rider or other persons or animals in the vicinity. *Participant is not relying on Event Sponsor to list within these documents all possible inherent risks or all risks of participating in any of the Activities at any location.*

2. *Waiver and Release of Liability.* With full knowledge and appreciation of these and other inherent risks associated with equine activities And the Activities, Participant freely and voluntarily assumes the risks of the equine activities involved in any aspect of them. In this connection, Participant also voluntarily agrees to waive any and all rights to sue and hereby releases the Event Sponsor from all liability, loss, claims, or actions for injury, death, expenses, or damage to person or property resulting from the inherent risks of the Event, or resulting from any action or inaction by the Event Sponsor. This waiver and release is effective even if the injury, death or damage to person or property is caused by, or contributed to by, actions or failure to act of the Event Sponsor and which actions or inactions constitute ordinary negligence or violation of any applicable law pertaining to equine activity liabilities. Neither Participant nor Participant's representatives shall make any claim against, maintain an action against, or recover from the Event Sponsor or its sponsors, directors, officers, members, employees, agents, volunteers, representatives, designated officials, or others acting on their behalf for injury, loss, damage or death of the Participant, to the Participant's Horse, or to the Participant's personal property (regardless of ordinary negligence by the Event Sponsor or regardless of an alleged violation of an applicable equine activity liability law).

3. *Equine Liability Act.* Should the Activities take place in a state with an equine activity liability law, Participant acknowledges reading the applicable state warnings and/or provisions set forth below and on the next page (if any).

**WARNING: UNDER GEORGIA 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, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.**

4. *Miscellaneous*. This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

**I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION, AND I AGREE TO BE FULLY BOUND BY ITS TERMS.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_

Date of Birth [If Participant is Under 18] \_\_\_\_\_

***If Participant IS UNDER 18 YEARS OF AGE:***

Signature of Parent or *Legally Appointed* Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or *Legally Appointed* Guardian:

\_\_\_\_\_

Full Address of Participant and Parent or Guardian Appointed by Law:

\_\_\_\_\_