

Saddle Clinic Information for June 5-6th, 2010

*Stalls: If you need a stall for the day or overnight, please let me know if you haven't already. They are \$20/day. Please bring your own shavings if you want them or you will can buy them at \$10/bag. You can tie to your trailer for the day if your horse is ok with it. Stalls are in a shed row barn, box stalls. Please bring your own hay and feed. You are responsible for cleaning your own stall before you leave.

*Lunch: Either bring your own lunch or we will be doing a lunch run to the Mexican restaurant close by so bring cash. Please bring plenty of water to keep you hydrated.

*Time: Check in at 8am. Clinic starts at 9am and runs about till 4. You will have to sign a few release forms when you check in. Lecture will be on Saturday morning. It will be interactive with simulations, etc., so you won't want to miss this part. After lunch we will start the saddle fit with participants that will run into Sunday. The more you see, the better you will become at determining saddle fit. You will be able to join in close to see things Tina points out with the horse's back and the saddle.

*Parking: When you pull down to the barn, best way to park your rig is pull to the left as if you are pulling into the barn as close as you can and then back up onto the grass lot. Auditors please park behind the barn.

*There are a few chairs, so if you have one please bring it. There is shade but please bring hat, sunscreen, anything else to keep you dehydrated.

If you need more info please contact Margit at 619 987-4803. I am out of town Monday-Thursday. I may be out of cell range during the day but will try to call you back in the evening if you leave a

voicemail. You can also contact Victoria Bausone at 760 716-2205 if you would like to participate. Spots still available for Sunday.

If you are participating and if you have not signed a release form with me this year, please do so below and bring it with you so you won't have to sign it when you get there.

Directions to Herigstad Ranch, 29628 Anthony Road. Valley Center, Ca.

From 15S : Going 15S, 20 miles south of Temecula you will take a left onto Old Castle/Gopher Canyon Road. Go under the freeway then take a right onto Champagne/Old 395 (you can only go left or right. There will be a golf course in front of you). You will then take the first left onto Old Castle Road. Go 8 miles till you reach mile marker 12. Once you do, you are going to swing a 180 degree turn to the left onto Anthony. If you miss it, you can go up and turn around in the parking lot of the restaurant or the next street a few yards ahead. This is a sharp turn, so swing wide. Once you get onto Anthony, you go about 1/2 mile, past a couple sharp S turns till you see Herigstad Ranch on the left hand side of the road (big sign). Take that road, past the house, all the way to the end, where the barn is. You will pull to the left, by the barn and back your trailers up along the round pen.

From 5S: Take 5S to 76E to East Vista Way. Take a right onto E. Vista Way till you get to Gopher Canyon and take a left (1st light). Take Gopher Canyon all the way down, under the freeway and a take a right onto Champagne/Old 395 (you can only go left or right. There will be a golf course in front of you). You will then take the first left onto Old Castle Road. Go 8 miles till you reach mile marker 12. Once you do, you are going to swing a 180 degree turn to the left onto Anthony. If you miss it, you can go up and turn around in the parking lot of the restaurant or the next street a few yards ahead. This is a sharp turn, so swing wide. Once you get onto Anthony, you go about 1/2 mile, past a couple sharp S turns till you see Herigstad Ranch on the left hand side of the road (big sign).

Take that road, past the house, all the way to the end, where the barn is. You will back your trailers up along the round pen.

My cell phone is 619 987-4803 if you get lost . Margit Herigstad Ranch number 760-751-0573

**Parelli Natural Horse·Man·Ship
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, distributees, 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, distributees, 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:

_____ DATE: _____