

Roddy Strang Clinic
Apple Knoll Farm, Millis, MA
Saturday and Sunday, March 10-11, 2018

The goal at Sport Horse Training, Inc. is to develop a horse that is trusting, accepting of pressure and their environment, confident in their purpose, and willing to work. We strive to help them find a balanced frame and success in each moment while helping their people to be present, balanced, patient and understanding.

Roddy continuously strives to expand his own education by attending clinics and studying the written works of the great Masters of Horsemanship such as Podhajsky, Decarpentry, Fillis, and Steinbrecht, among many others.

Anyone who has ever worked with Roddy, or watched him work with a horse, is aware of his special gift, as well as his patience.

He is influenced by Tom Dorrance, and he has worked for and studied under Ray Hunt, Joe Wolter and Bryan Neubert. He applies common sense principals in his approach to riders and horses.

Come learn skills that apply to every day success with your horse; loading in the trailer, standing at the mounting block, starting your young horse, managing spooking, getting your horse to go forward.

Roddy welcomes all levels of horses and riders. Whether you have an off the track TB, Warmblood, dressage, hunter/jumper, or trail horse he can help you understand from your horse's point of view. He can help you both be safe and have fun.

Questions: tracyschneider1004@yahoo.com or 973-699-5344



Clinic Cost:

45 minute private: \$125 per person

60 minute semi-private (2 ppl) \$110 per person

60 minute group (3-4 ppl): \$95 per person

10% discount for participating in both days

Auditors Welcome: \$20 for one day or \$25 for both

Please note full payment must be received by March 1st to hold your spot.



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ENTRY FORM

Horse/Pony Name: _____

Rider Information: Please print all information clearly

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Email Address: _____

Home Telephone: _____

Mobile Telephone: _____

Parent/Guardian if rider under 18: _____

Address of Parent or Guardian: _____

Telephone of Parent or Guardian: _____

Circle One: Saturday Sunday Both Days

Circle One: Private Semi Group

Tell us about your horse: _____

Tell us about you as a rider: _____

What do you want to work on: _____

WARNING:

Under Massachusetts's law, an 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, pursuant to section 2D of chapter 128 of the General Laws.

Total Enclosed: _____

Make Checks Payable to:

Hatrick, Inc./Apple Knoll Farm
25 Forest Lane, Millis, MA 02054

RELEASE & INDEMNITY AGREEMENT

I hereby agree to indemnify and release Hatrick, Inc. and Apple Knoll Farm, and all associated persons, employees, agents, and representatives from liability for any and all accidents or injuries sustained by me, my employees, heirs, representatives, dependents, or guests, while participating in any equestrian related activity at Apple Knoll Farm, or under the auspices of Hatrick, Inc. It is understood that wherever the words Stable Owner are used in this agreement, it includes landowners, stable owners, trainers, independent contractors, employees, and any other individual related to the ownership or management of the horse and training facility of Hatrick, Inc. and Apple Knoll Farm.

As an owner, student, contestant, spectator, employee, independent contractor, or parent, I/We, the undersigned, recognize that all equestrian related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the ring/ground footing is rarely perfect. In light of this knowledge, I/We undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives, and guests. I/We further understand that wearing an approved hard hat is required at all times while mounted on Apple Knoll Farm property. With full knowledge, I/We release the herein named Hatrick, Inc. and Apple Knoll Farm from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in or as a spectator of any equestrian related activity at Apple Knoll Farm, or while training with trainers, independent contractors, or other individuals related to Hatrick, Inc.

Signing this release implies that I/We have adequate medical and liability insurance/protection and that Hatrick, Inc. and Apple Knoll Farm will assume no responsibility for horse and rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right or action against Hatrick, Inc. or Apple Knoll Farm employees, independent contractors, landowners, or any of their insurance carriers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of the Stable/Owner and affiliated persons, as discussed above.

If damage is caused by or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property, or other horses and agrees to indemnify Hatrick, Inc. and Apple Knoll Farm and affiliated persons against liability for such damages.

The undersigned further agrees to indemnify Hatrick, Inc. and Apple Knoll Farm against any liability for physical loss or injury, or damage causing death, or making destruction necessary to the horse or horses of the undersigned under the care of Stable Owner.

It is understood that Hatrick, Inc. assumes no responsibility for any personal property of the undersigned and any said property is stored on the premises of Apple Knoll Farm at the sole risk of the Horse Owner.

Under Massachusetts law, an 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 128, Section 2D of the General Laws.

I, hereby grant Hatrick, Inc. and Apple Knoll Farm, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well being of the above-named individual.

Rider Name or Parent/Guardian Name if rider under 18: _____

Signature: _____ Date: _____
(Parent/Guardian must sign if rider is under 18 years of age)

Whom to Call In Case of Emergency: _____ Telephone: _____

Health Care Provider/Insurance #: _____

Allergies: _____