



Junior Horsemanship Clinic Entry Form

Entry Deadline: April 15, 2022

8 Day Session: June 26 - July 3, 2022

Rider		
Name	DOB	Age <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City, State, Zip	
Primary Email for Communication	Primary Phone	
T-Shirt Size <input type="checkbox"/> Youth L/XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL (Unisex sizing)	Have you attended JHC before? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when?
Parent/Guardian		
Parent/Guardian		Guardian/Chaperone *During Camp*
Name	Name	
Mailing Address	Mailing Address	
City/State/Zip	City/State/Zip	
Email	Email	
Work Phone	Cell Phone	
Cell Phone	Home Phone	
Home Phone	Relationship to Rider	
Best way to reach you during day	Best way to reach you during day	
Horse		
Name	Breed	Color
DOB	Height	Sex <input type="checkbox"/> M <input type="checkbox"/> G
Horse Owner Name Same as <input type="checkbox"/> Parent <input type="checkbox"/> Rider		
Address		Email
City, State, Zip		Phone
Required Paperwork		
<p>Proof of negative Coggins and proof of Rabies vaccination within 1 year of the end date of camp is required to bring a horse on grounds. Rabies Titers accepted with Veterinary Note. As the entry deadline is before many horses/ponies have spring shots, it is not required to submit them with this application. However, they need to be submitted PRIOR to arrival day.</p>		

Highest Level Competed in Eventing (circle one): Elementary Introductory Beg. Novice Novice Training Preliminary

If not an event rider, what level and/or height of fences have you normally competed/ridden at: _____

JHC Authorization for Emergency Medical Attention

I, _____ of _____
 Parent/Guardian Address
 am the _____ of _____
 Relationship Child's Name

I understand that the sport of horseback riding is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks.

I hereby appoint GMHA to act on my behalf in authorizing unexpected medical, dental, or surgical care, including transportation to an emergency room and hospitalization for said child in my absence. I authorize GMHA to grant consent to medical doctors and emergency staff to conduct the required tests and provide the necessary medical treatment/care to the above named child if I cannot be reached. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during camp dates.

I agree to pay for any such treatment and to reimburse GMHA for all costs and expenses it may incur related to such treatment.

Signature _____ Date _____

It is crucial for the safety of your child to disclose any relevant health information to GMHA and JHC Staff. Please fill out the below section completely.

RIDER MEDICAL INFORMATION	
Name	Date of Birth
ALLERGIES and/or MEDICAL CONDITIONS	
Medications <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list:	
<input type="checkbox"/> My son or daughter's Tetanus Toxoid injection is up to date <input type="checkbox"/> It is not currently, but will be updated prior to camp	
Do you give GMHA and it's staff permission to administer over-the-counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is permitted to treat with medication? Check all that apply: <input type="checkbox"/> Self-Medicare <input type="checkbox"/> EMT/Medic on duty (camp hours) <input type="checkbox"/> Camp Director/Staff <input type="checkbox"/> Will make arrangements w/Chaperone(s) during after-camp hours.
Insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state?
Insurance Provider and #	
Other insurance ID #	Other insurance
Subscriber name on other insurance	

EMERGENCY CONTACT INFORMATION		
Name _____	Day Phone _____	Evening Phone _____

GMHA has an EMT on grounds during mounted hours of JHC.

Rider Placement Questionnaire

Questionnaire Instructions

This section is to be completed by the camper. Answer the questions below on a separate piece of paper. Your answers help us to determine riding groups prior to your arrival. Groups are based on level, not age.

If you have not previously attended JHC before, please have your current trainer send a letter about your experience and riding level.

Applications will be considered incomplete if submitted without answers to the questions listed below.

Questions

Answer the questions below according to your experiences with the horse/pony you will be bringing to JHC.

1. Does your horse live at home? If not, where do you board?
2. Who is your primary trainer?
3. How often do you ride with instruction? How often do you ride alone?
4. How long have you been riding this horse? What did your horse do before you began working with them?
5. Please describe your experience level in the following three areas in schooling, lessons and competition
 - A. Dressage
 - B. Stadium Jumping
 - C. Cross Country
- D. Are you a rated Pony Club member? If so, what is your rating? No___ Yes___ USPC Rating_____
6. Have you competed at a sanctioned event? If so, what level? If not, please briefly describe your competition history at any shows you have attended..
7. Do you or your horse have any special needs, issues or problems we should be aware of? Have you or your horse had any significant trauma?
8. What are your riding goals for this clinic?
9. What are your barn management goals for this clinic? What would you like to learn about?

JHC Fees & Payment Information

Fees			
8-Day Session	\$920.00 <i>(\$900 early bird by Feb. 1st)</i>	Sun, June 26 - Sun, July 3	50% of minimum deposit.
Additional Stabling - early arrival on 6/25	\$30.00	Sat, June 25, 2022	Please add to total due.

Late Entry Fee of \$100 applies to all entries received after deadline of April 15th

Payment Information	
Check or CC	<ul style="list-style-type: none"> 50% deposit is due with the application, or pay in full. The remainder is due by April 15th. <i>It is the responsibility of the camper/family to submit the remaining balance via check by this date. If a credit card number is given, it will automatically be run on April 15th or shortly thereafter.</i>
Scholarship Applicants	<ul style="list-style-type: none"> \$250 is due with completed application(s) and copy of 1040 Tax Form Any remaining balance will be due within 1 month of scholarship notification

Refund Policy
<ul style="list-style-type: none"> No refunds will be given after June 1st, NO EXCEPTIONS. REFUNDS prior to June 1st ONLY in the case of a verifiable written medical or personal excuse for horse or rider less a \$200 scratch fee. Email notification is sufficient. Please allow 30 days for us to process your refund.

Payment Method	
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Bill my Credit Card (MasterCard/ Visa only) Credit Card # _____ Expiration _____ Signature _____ CCV _____
Amount Enclosed: \$ _____	Zip Code associated with credit card: _____

INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any injury occurs to me or my horse or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and any Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability, claims, suits and expenses including attorney fees incurred, arising out of any injury to any person or damage to any property caused by me, my horse or attendants.

I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

Signature of Parent/Guardian

Date

Signature of Horse Owner

Date

FOR OFFICE USE ONLY	
<input type="checkbox"/> Applicant/Horse/ Family Info <input type="checkbox"/> ER Authorization <input type="checkbox"/> Current Coggins <input type="checkbox"/> Current Rabies <input type="checkbox"/> Placement Questionnaire <input type="checkbox"/> Trainer Letter	<input type="checkbox"/> Applied for Scholarship <input type="checkbox"/> Scholarship Application <input type="checkbox"/> 1040 Tax Form

Confirmations will be emailed to the primary parent/guardian email address on file. The Welcome Packet posted on the website contains important information, please read completely.

Reach out to Jill at GMHA for any questions or additional information at jill@gmhainc.org or (802) 457-1509 ext. 207



Waiver of Liability, Assumption of Risk and Indemnity Agreement

WARNING

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GMHA Event/Activity: _____ Date(s): _____

For and in consideration of Green Mountain Horse Association ("GMHA") allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a GMHA sanctioned, licensed or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities ("GMHA Event(s)"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any GMHA Event involves risks and dangers including, with-out limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the control of the GMHA Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the GMHA Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any GMHA Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any GMHA Event.

WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any GMHA Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: the Green Mountain Horse Association, Inc. (dba "GMHA") or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners, the sanctioning/licensing organization (the "Released Parties of Event Organizers") free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse(s) used by me or the negligence of the person(s) in charge of such horse(s) and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horse(s) or attendants. I agree that if any harm occurs to me or my horse or to any equipment that I may use or intend to use, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the GMHA Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. I agree that as a condition of acceptance of entry, GMHA may use photographs, videos, and or other likenesses of the participant and horse taken while at GMHA for any reasonable purpose, including accident/incident/injury analysis, promotion, coverage, or the benefit of the event and/or of GMHA. I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

SPORTSMANLIKE CONDUCT STATEMENT: I agree to: 1) Know the rules of my sport and abide by them; 2) Respect and abide by GMHA management's and show officials' decisions; 3) Maintain control of my emotions; 4) Be courteous to all at all times.

BY SIGNING BELOW, 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 A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any GMHA Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim. I also, **agree** to be bound by all applicable Federation Rules and all terms and provisions of the entry blank and all terms and provisions of the Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

PLEASE CIRCLE:

RIDER / DRIVER / COACH / TRAINER / PARENT / LEGAL GUARDIAN / SUPPORT PERSON / GROOM / OFFICIAL / VENDOR / STAFF / VOLUNTEER

Signature: _____
Print Name: _____
Parent/Guardian Signature (for minors under 18): _____
Print Name: _____

ADDRESS: _____

COUNTY OF RESIDENCE _____

EMAIL: _____

PHONE: _____

Is participant a U.S. Citizen: ___ Yes ___ No