



Is extremely proud to present:

Horse & Rider Fundamentals of Western Dressage with Lynn Palm

Clinic Date: June 24-26, 2022

Clinician: Lynn Palm of Ocala, FL

Location: Douglas County Fairgrounds, Castle Rock, CO

For more than 50 years Lynn Palm has championed the partnership of horse and rider. An international clinician, she travels extensively teaching the fundamentals of Palm Equestrian Academy.



Palm is an American Quarter Horse Association (AQHA) judge and holds her USEF R Western Dressage Judge's License. Continuing to compete in both United States Dressage Federation and Western Dressage Association of America shows, her competition record is second to none.

Ms. Palm was a special guest performer at the 1996 Olympics and was named 2000 AQHA Female Equestrian of the Year by the Women's Sports Foundation. In 2003 she was the recipient of Equine Affaire's Exceptional Equestrian Educator Award, and she was titled Horsewoman of the year in 2007 by the American Quarter Horse Association. In 2010, she presented at the World Equestrian Games as a clinician and entertainer and did the same at the 2017 FEI World Cup Finals in Omaha. Ms. Palm has also had the pleasure of presenting in both Equitana USA and Australia in the past.

Lynn is an author who frequently contributes articles to leading equine publications along with an activity online community. Her extensive educational library of DVDs and Books can be found online at lynnpalm.com.

This fun and educational clinic is suitable for riders of all abilities!!

All participants are invited to join the Friday evening welcoming meet and greet session with Lynn (including a complimentary dinner). A total of 10 riders will be placed into 2 groups based on skill levels. Each group will ride ½ day and observe ½ day both Saturday and Sunday.

(You are welcome to reach out to us for a detailed clinic outline)

\$645 for the 2.5 day clinic includes:

Meet & Greet with Lynn on Fri evening over dinner

½ day riding on Sat & Sun & observing the other half

Overnight stalling is available & included

2 auditor tickets for family or helpers

Other Auditing opportunities:

\$45/day WDACO members

\$55/day non members



For more information contact:

Silja Knoll (Clinic Coordinator Western Dressage Association of Colorado)

970 402 5104 siljaknoll@yahoo.com

Brandi Chapman (Western Dressage Association of Colorado)

970 599 5204 brandic694@gmail.com

To register see attached forms

Registration deadline: April 15th, 2022



Lynn Palm Clinic Registration for Riders and Auditors

Rider Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

What level are you currently riding? _____

Auditor Name: _____

Address: _____

Email: _____

Phone number: (_____) _____

Name and phone # of Emergency contact: _____

Fees: (Circle all that apply)

\$645 for 2.5 days clinic

Auditing Saturday: \$45 WDACO members Auditing Saturday: \$55 non WDACO members

Auditing Sunday: \$45 WDACO members Auditing Sunday: \$55 non WDACO members

Total: _____

*Make check out to WDACO and mail check and completed registration and signed waivers by **April 15th^h, 2022** to:*

WDACO c/o Silja Knoll, 5100 Glen Dr, Berthoud, CO 80513.

For questions call, text or email 970 402 5104, siljaknoll@yahoo.com

Clinic fees are non-refundable unless you or WDACO can replace your ride. We expect to have a waitlist for this clinic.

You will be notified by email of further details and receive information about lodging and stalling details if needed.

If you wish to join WDACO, we would love to have you! Go to WDACO.org We look forward to seeing you at the clinic!

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

By my signature below, I, the participant, acknowledge that I have voluntarily applied to participate in the following equine activities, which activities are produced and/or sponsored by **Western Dressage Association of Colorado, (WDACO)**.

Western Dressage clinic, show or event name: Lynn Palm Clinic, Date: June 24-25, 2022 In consideration of the Event

Sponsors allowing me to participate in the Activities, I agree as follows:

1. **Assumption of Risks.** I acknowledge that there are numerous inherent risks associated with equine activities, including but not limited to: (a) the propensity of equines to behave in such ways as to result in injury or death to persons around them; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movements, unfamiliar objects, persons or other animals; (c) collision with other animals; and (d) the potential of participants to act in a negligent manner that may contribute to injury to the participant or others. With full knowledge and appreciation of these and other inherent risks associated with the Activities, I freely and voluntarily assume such risks.
2. **Waiver and Release of Liability.** Understanding and assuming the risks of the Activities, I hereby waive any and all rights to sue and hereby release the Event Sponsors and their respective directors, officers, members, employees, volunteers, agents, contractors and representatives (collectively, the "Releases") from any and all liability, loss, claims or actions that I, my assignees, heirs, or legal representatives may have for property damage, injury or death (including to my horse) resulting from the Activities. This waiver and release is effective even if the property damage, injury or death is caused by or contributed to by actions or failure to act of the Releases that constitute ordinary negligence or a violation of any applicable law pertaining to equine activity liabilities.
3. **Permission to Summon Medical Assistance.** If I am injured during the course of participating in the Activities and am unable to verbally communicate, I hereby grant permission to the Event Sponsors to summon medical assistance for me if they deem it necessary in their sole discretion. I further agree to be financially responsible for payment of all costs resulting from the rendering of medical aid and/or ambulance services in the event of an injury, accident, illness to me while participating in any activities associated with the Western Dressage Event.
4. **Indemnification.** I also agree to indemnify and hold harmless the WDACO, and their respective clinicians, judges, officers, directors, managers, members, employees, agents, assistants, representatives, assigns and others acting on their behalf against all liability, claim, loss, action or expenses which are sustained, suffered or incurred by any third person(s) that I may cause (directly or indirectly) while engaged in any or all of the Activities at any time and at any location in connection with my attendance or participation in the event or instruction. ["Third persons" are any and all people who are not parties to this Agreement and includes, but is not limited to, my relatives, guest or other clinic participants, spectators or visitors, etc.]. The indemnification shall include reimbursement of the Clinician's, Judge's or Facilitator's reasonable attorney fees.
5. **Intent.** 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.
6. **I,** for myself and/or on behalf of my child or legal ward, have been fully warned and advised by the WDACO, and their clinicians, judges and facilitators, hereinafter referred to Agent, that I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified protective headgear (helmet and strap) that is designed for use by equestrians when riding or near horses and ponies in order to reduce the severity of some head injuries and possible prevent death from happening as the result of a fall or other occurrences. I am not relying on the Agent or anyone affiliated with the Agent to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear or to monitor my compliance with this suggestion at any time - now or in the future. Children under the age of 18 must wear a helmet. If I choose to wear an ASTMstandard/SEI certified helmet and headgear, or if I choose not to, this is my decision alone.

Under Colorado Law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to section 13-2-120, Colorado Revised Statutes.

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

If the participant is under 18 years of age, the Participant's parent or guardian must read and sign below, indicating his or her acceptance.

The undersigned declares that he or she is the parent or legal guardian of the participant and is over 21 years of age. The undersigned has read this Assumption of Risk, Wavier and Release of Liability, and agrees that all of the terms and conditions contained herein shall be binding upon both the undersigned and the Participant.

EVENT NAME: _____ Date: _____

Rider Signature: _____ Date: _____

Print Name: _____

Address: _____

Email address: _____

Phone or Mobile: _____

Parent Signature: _____

(If Under 18 Years of Age)

Emergency Contact:

Name: _____ Phone: _____