CLINIC POLICIES AND LIABILITY RELEASE

Ride Critique Clinic with Lisa Schmidt, USEF “S” Dressage Judge

Sunday, September 6, 2026 • Ambrosia Stables, Littleton, Massachusetts

By registering for and participating in this Iberian Horse Alliance (IHA) clinic, you acknowledge that you have read, understand, and agree to the following Clinic Policies and the attached Liability Release and Waiver. These policies are designed to ensure a safe, educational, and enjoyable experience for all participants, horses, and staff.

1. REGISTRATION, PAYMENT & SCHEDULING

• Entries are accepted on a first-received, first-confirmed basis. A spot is reserved only after the completed registration form, signed liability release, all required health documents, and full payment are received.

• Preferred ride times may be requested on the registration form but are not guaranteed. Ride times will be assigned by the organizer and communicated prior to the event.

• The clinic fee is $255 per rider ($250 participant fee + $5 processing fee). This includes one 40-minute critique session, official score sheet with comments, and lunch for the rider and one groom.

• Auditors are welcome at $30 per person (includes lunch and test sheets to follow along with each rider).

2. CANCELLATION & REFUND POLICY

• Cancellations received on or before August 30, 2026, may receive a refund of the clinic fee less any applicable processing fees.

• No refunds will be issued after August 30, 2026, unless the cancelled rider’s time slot can be filled from the waitlist.

• In the event the clinic must be cancelled or rescheduled due to severe weather, unsafe conditions, or circumstances beyond the organizers’ control, every reasonable effort will be made to reschedule or provide an appropriate refund or credit.

3. HEALTH & VETERINARY REQUIREMENTS

• Every horse on the property must have a current negative Coggins test dated within 12 months of September 6, 2026.

• Proof of 2026 vaccinations (minimum: Rabies, Tetanus, Eastern/Western Equine Encephalomyelitis, West Nile Virus, and Influenza) must be provided with registration.

• Incomplete health documentation will result in the entry being rejected. No refunds will be issued for entries rejected due to missing or invalid health papers.

• The organizer reserves the right to refuse entry to any horse that appears ill or poses a health risk to other horses.

4. FACILITY, PARKING & HORSE RULES

• No stabling is available for this event. All visiting horses must remain with their trailers at all times.

• No visiting horses are permitted inside the main barn or any stabling areas.

• Trailer parking will be designated. Please park considerately and allow room for others.

• All manure and hay must be removed from the trailer parking area before departure. Please help us maintain a clean and safe facility.

• Please be respectful of the host facility, its staff, and other clinic participants at all times.

5. CLINIC FORMAT & PARTICIPANT RESPONSIBILITIES

• Each 40-minute session includes: warm-up in the indoor arena, riding one complete dressage test in the regulation outdoor arena, official scoring and comments, individual review of the score sheet with the judge, and time for either a re-ride of the test or focused work on specific movements/exercises based on the judge's feedback.

• Riders are responsible for the fitness, soundness, behavior, and equipment of their own horses. The judge and organizers reserve the right to excuse any horse or rider deemed unsafe.

• Riders should arrive with sufficient time to warm up. Late arrivals may forfeit part or all of their session time.

• The judge's comments and scoring are provided for educational purposes. Decisions regarding scoring and feedback are at the sole discretion of the judge.

6. AUDITOR POLICY

• Auditors are welcome and encouraged. The $30 auditor fee includes lunch and a test sheet to follow along with each rider's performance.

• Auditors must remain in designated spectator areas and respect the quiet needed for the judge and riders.

• No dogs or other pets are permitted on the grounds without prior approval.

LIABILITY RELEASE AND WAIVER

In consideration of being permitted to participate in the Iberian Horse Alliance Ride Critique Clinic (the "Event"), I, the undersigned rider (or parent/guardian if the rider is a minor), hereby agree to the following:

1. ASSUMPTION OF RISK. I understand that equine activities, including but not limited to riding, handling, and being near horses, involve inherent risks that can cause serious injury, permanent disability, or death to participants, horses, or bystanders. These risks include, but are not limited to: unpredictable horse behavior, falls, collisions, equipment failure, uneven footing, and the actions of other horses or people. I knowingly and voluntarily assume all such risks, both known and unknown, on behalf of myself and my horse.

2. RELEASE OF LIABILITY. I hereby release, waive, discharge, and covenant not to sue the Iberian Horse Alliance (IHA), its officers, directors, members, employees, volunteers, agents, and representatives; the host facility Ambrosia Stables and its owners, staff, and agents; USEF "S" Dressage Judge Lisa Schmidt; and any other sponsors, officials, or persons or entities associated with the Event (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury (including death) to my person, my horse, or my property, or to any other person or property, whether caused by the negligence of the Released Parties or otherwise, while participating in or attending the Event.

3. INDEMNIFICATION. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, damages, losses, costs, and expenses (including reasonable attorneys' fees) arising out of or resulting from my participation in the Event, my horse's behavior, or any breach of this agreement by me or my guests.

4. MEDICAL TREATMENT & EMERGENCY CONTACT. I certify that I am in good physical health and have no medical condition that would make participation unsafe. In the event of injury or illness, I authorize the Released Parties to seek emergency medical treatment on my behalf and agree to be financially responsible for all costs incurred. I have provided accurate emergency contact information below.

5. BINDING EFFECT. This release and waiver shall be binding upon me, my heirs, executors, administrators, and assigns. If any provision is found unenforceable, the remaining provisions shall remain in full force and effect. This agreement shall be governed by the laws of the Commonwealth of Massachusetts.

6. PHOTO/VIDEO RELEASE. I grant the Iberian Horse Alliance and its designees permission to photograph, video, or otherwise record my participation and to use such images for promotional, educational, or archival purposes without compensation.

RIDER / PARTICIPANT INFORMATION & SIGNATURE

Rider Name (Print): _____ Date: _____

Signature: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Relationship to Rider: _____

IF RIDER IS UNDER 18 YEARS OF AGE:

Parent/Guardian Name (Print): _____ Signature: _____

I, the undersigned parent/guardian, have read and agree to the above policies and liability release on behalf of the minor rider.