

Marc Grandia

AT

Spokane Sport Horse Farm



WINTER CLINIC SERIES

2017

Sat/Sun – Nov. 18-19

Sat/Sun – Dec. 2-3



2018

Sat/Sun – Jan. 13-14

Sat/Sun – Feb. 9-10

Sat/Sun – Mar. 10-11

Marc Grandia

Marc is a professional upper-level Event rider/trainer from WA. He has brought many horses up through the levels, and is actively striving to become a top US rider. Marc worked with US Eventing Team coach David O'Connor and trained extensively under John Camlin. He competed several horses at the FEI CCI** and won the CIC** at the Event at Rebecca Farm in 2014. He is also a level three USEA Certified Instructor, a USPC A-level graduate, and a licensed cross-country course designer through the Preliminary level.

Marc is an enthusiastic and motivational instructor who conveys a sense of both safety and smarts in a way that benefits the horse/rider partnership. He is known for examining the question at hand from both the rider's and the horse's perspective to arrive at the most fitting answer. Marc specializes in training horses and riders of ALL LEVELS, from professional competitors to adult amateurs riding for fun, and his clinics are specifically customized to allow for an individualized experience.

THE \$195.00 CLINIC FEE INCLUDES:

- 1 Group Session per day (2 total)
- Stadium and XC (weather permitting)
- A Hearty Lunch both days, plus snacks, drinks, comradery, and fun

ENTRY DETAILS:

- Clinics are limited to 21 riders
- Complete Registration Form to sign up
- \$100.00 Deposit Reserves your spot
- Cancellation/Refunds: \$100 deposit is non-refundable unless rider fills spot
- Approved helmet; XC protective vest
- Ride Times emailed/texted to you
- Auditing is free, so bring a friend!

MARC GRANDIA CLINIC REGISTRATION FORM

Please send 1. Completed Registration Form, 2. Signed Spokane Sport Horse Farm liability release, and 3. \$100 Clinic Deposit to: **Clinic Organizer, Shari Peterson, via email to teamkiana@yahoo.com or mail to 8724 S. Cedar Rd, Spokane, WA 99224.** Please feel free to contact Shari at **509-990-6339** with questions or for additional information.

ENTER CLINIC DATE: _____

Rider's Name: _____ YR (under18) Adult Amateur Professional
 Address: _____ City/State/Zip: _____
 Email: _____ Phone: _____
 Emergency Contact Name: _____ Emergency phone: _____
 Name of horse: _____ Breed/Age/Sex: _____
 Owner's Name: _____ Owner's phone: _____
 Horse Highest Level Completed: _____ Rider Highest Level Completed: _____
 Jumping Level for this clinic: Grd Poles Starter Beg Novice Novice Training Prelim Inter

SESSIONS: The clinic is organized around one day of stadium and one day of Cross-Country (weather permitting)
Special Scheduling information—Please include any special time requests, what you want to focus on, problems you are having, goals, etc. We will even try to accommodate special interest, such as green horse, dressage-test geometry, grids, and so on. _____

SPOKANE SPORT HORSE FACILITY FEES are due on or before the first day of the clinic. **Please provide a separate Check Made Payable to SSHF. Any haul-in fees are included in rates below.**

A \$100.00 CLINIC DEPOSIT reserves your spot! With the clinic limited to 21 riders, it will fill up quickly. Clinic balance of \$95.00 is due on or before the first day of the clinic.

SSHF USE FEES		SUB-TOTAL
XC Schooling per day	\$55.00	\$ _____
Stadium Schooling per day	\$25.00	\$ _____
Arenas/Trails Use Only per day	\$20.00	\$ _____
Stall (Day Use Only)	\$20.00	\$ _____
Stall per night (incl. Arena/Trail use)	\$25.00	\$ _____
RV hook-up per night	\$10.00	\$ _____
TOTAL DUE to SSHF:		\$ _____

CLINIC FEE		SUB-TOTAL
2-days \$195.00	Deposit \$100.00	\$ _____
	Balance Due \$95.00	\$ _____
<p>Send check made payable to Shari Peterson to 8724 S. Cedar Rd, Spokane, WA 99224 or call Shari at 509-990-6339 to pay via Credit Card, VENMO, or PayPal.</p>		

HOLD HARMLESS AGREEMENT, WAIVER AND RELEASE, COVENANT NOT TO SUE

NOTE: everyone (legal guardian for those under age 18) who wishes to use the facilities at SSHF must sign this document. Please read and initial each paragraph as you approve it.

For myself individually, for each minor child I am legal guardian of, for our heirs and personal representatives, I (we) make the following statements and legally binding promises:

1. ___ I am aware of and fully understand that all horses are unpredictable and potentially dangerous. I assume these risks and waive any present or future right to make any claim against SSHF (owners, employees, insurers, heirs or successors in interest will be known hereafter as SSHF) for accidents, injury, loss, damage or death. I release SSHF from all claims, demands, actions or injuries that may arise from my (or my children's) presence. This release also covers property damage or loss, whether by fire, theft, disappearance, injury or any other cause.
2. ___ I have inspected the premises at SSHF and will continue to familiarize myself with any hazards of physical features. I assume responsibility for inspection of my own tack prior to riding. I understand that riding can be a dangerous sport. I am aware that injuries to horse/rider may occur and assume that risk.
3. ___ I understand that proper riding attire can help reduce but not eliminate risks of riding. I understand that professional instruction can help reduce risks, but not eliminate them while handling or riding horses. I understand that riding surfaces can be unsafe due to weather and other conditions, and expressly assume that risk by my presence under these conditions.
4. ___ I understand that SSHF does not carry any insurance on horse, tack, trailers or any other equipment not owned by it, and that all risks connected with boarding, riding and the presence of personal property on the premises are borne by the boarder and/or owner of that property. I understand that while my horse is in the custody of SSHF, that SSHF, its owners, instructors, nor employees shall be liable for sickness, disease, theft, death, or injury to the horse. I assume these risks.
5. ___ SSHF has my permission to initiate emergency medical first aid treatment for myself, children or animals in case of accident. SSHF has my permission to authorize emergency medical or veterinary treatment by professionals unless otherwise agreed upon. This assistance will be at my cost.
6. ___ I promise not to sue SSHF nor bring any counterclaim or third-party claim against SSHF. I understand that if I change my mind and sue, the court may be asked to dismiss the lawsuit because of this signed release and promise. If I break this promise, I authorize the court to award SSHF all of its legal fees and expenses in defending this claim. I promise to defend and hold harmless SSHF from any demand, claim or suit by anyone arising from my presence or my child's or horse's presence or participation.
7. ___ I understand that horses often injure themselves or other horses and that unexplained cuts, bruises, scratches and lameness can occur. I understand that horses may contract a disease or illness. I understand that serious injury or death of my horse may occur on the premises of SSHF. I assume these risks.

WARNING: Under Washington law, an equine activity sponsor or equine professional is not liable for injury or death of a participant in equine activities resulting from the inherent risks of equine activities. *Revised Code of Washington 4.24.540*

I understand that I am giving up certain legal rights in this document. I have had the opportunity to seek advice in this regard, if I so wish, before signing this document. I sign this document voluntarily, because I understand that this is an absolute requirement for myself (children or guests) to use the facilities at SSHF. I have read and initialized each paragraph. Non-enforcement of any clause does not render other clauses non-binding. Signed this _____ day of _____, 20___ at Spokane, Wa 99224

Signature _____ Name _____

Address _____ City _____ State _____ Zip _____

Phone: _____ email _____