



Connemara Type, Conformation, and Movement

With Sarah McRae Thrasher

9 AM – 4 PM , Saturday, May 30th

At Ekberg Sporthorse Farm

430 Mansberger Rd Ellensburg, WA 98926

Sarah McRae Thrasher is on the ACPS Board of Governors, an ACPS Certified Inspector, breeder, competitor, instructor, and owner of Northern Connemaras in Vershire VT.

Participants will learn about:

- Connemara characteristics
- Why Connemaras are special and highly valued
- How the ACPS inspection process helps preserve the breed

Additional topics include how to:

- Assess the characteristics of a pony for purchase
- Know what activity your pony is predisposed to do best
 - Becoming an inspector

\$50 admission (includes coffee and lunch)

Auditors welcome

Group trail ride offered May 31st

Overnight accommodations available at Best Western, Ellensburg, WA

Closing Date April 30th - Send check, registration form, and liability waiver to Tracy Garland at 4759 51st Place SW Seattle WA 98116. Tracy can also be reached at tracygarland@comcast.net for questions

Connemara Type, Conformation and Movement

Name of Owner: _____

Name of Rider/Handler: _____

Address: _____

Phone/email: _____

Name of pony: _____

Age: _____ Coggins: _____ \$50 made out to ACPS Region IX: _____

Stall needed? _____ Free stabling. Please bring feed and remember to clean stall when you leave otherwise \$25 fee applies.

Liability Waiver:

Important information: Please read prior to completing entry form and waiver:

The American Connemara Pony Society, Region IX clinic is an Equine Activity conducted in accordance with the Code of WA 4.24.530-540 Equine Activity Liability Statute. The American Connemara Pony Society (ACPS) and the ACPS Region IX Connemara Pony Society RELEASE, ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT FOR ACPS members and non-members:

I **AGREE** for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's

participation in this ACPS, Region IX activity, to the following:

I **AGREE** that I choose to participate voluntarily in an ACPS activity, as a rider, driver, handler, lessee, owner, agent, spectator, volunteer, and/or trainer. I am fully aware and acknowledge that horse sports and ACPS activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following: "The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.

*The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals.

*Hazards, including, but not limited to, surface or subsurface conditions.

*A collision with another equine, another animal, a person, or an object.

*The potential of an individual during an equine activity to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I authorize ACPS/ACPS Region IX, its successors, or assigns, officials, officers, directors, employees, agents, and/or volunteers to obtain and release to any ACPS/ACPS Region IX personnel (including, but not limited to, organizers, instructors, test examiners, chaperons), and to any first aid and safety personnel, medical professional, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis. Furthermore, I agree and understand that it is my/parental/legal guardian responsibility to ensure that I/my child will not participate in any ACPS/ACPS Region IX mounted activities if I/my child have/has had a head injury or other medical

condition and have/has been restricted from activity, until such time as the injury or condition is resolved and any activity restriction is lifted.

I **agree** to release the ACPS/ACPS Region IX its successors or assign, officials, officers, directors, employees , agents, personnel, volunteers and affiliated organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any connected with any harm to me or my horse, and for any harm caused by me or my horse to others, even if the harm resulted, directly or indirectly, from the negligence of the ACPS/ACPS Region IX activity, and **specifically agree to the applicable state statute/law regarding equine/farm animal activity liability and signed posting (if any), in any state in which I or my child participates in an ACPS/ACPS Region IX activity** . I agree to locate, review and understand the full applicable state statutes in place in my jurisdiction . I agree to indemnify (that is, to pay any losses, damages, or costs incurred by) the ACPS/ACPS Region IX and the ACPS/ACPS Region IX activity, and to hold them harmless with respect to claims for harm to me or my horse, and for claims made by others for any harm caused by me or my horse in the ACPS/ACPS Region IX activity.

I **agree** that neither I, nor anyone claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against the ACPS/ACPS Region IX, its successors or assigns, for, on account of arising out of, or in any way connected with any harm to me or my horse, and that neither I, nor anyone claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon any claim or right of action whatsoever, which I, or any one claiming through me, may no have or hereafter assert, in any way connected with claims for harm to me or my horse, and for claims made by others for any harms caused by me or my horse at the ACPS/ACPS Region IX Activity.

I **agree** this agreement is the entire agreement of the parties, and supersedes all prior oral and written understandings and agreements. This agreement may be modified only by a written amendment signed/dated by both parties.

I **agree** that if any provision of the agreement is found to be invalid or illegal by a court of competent jurisdiction , the remaining provisions shall be construed as if the affected provision had not been included in order to effectuate the intent of the parties.

In the event this form is signed by the parent/guardian of a minor, then all representations and acknowledgments herein are expressly made by, for, and on behalf of the parent/guardian and minor.

By signing below, I **agree** to be bound by all applicable ACPS/ACPS Region IX rules and all terms and provisions of the ACPS/ACPS Region activity. I **acknowledge** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to the ACPS/ACPS Region IX that I fully understand its contents and that I do not need any further explanation, and I waive any further explanation.

I have read and **AGREE** to abide by the above. **REQUIRED--all signatures must be originals, not photocopies.**

_____Date_____

Original signature of participant, or of *Applicant's parent or legal guardian

_____Date_____

Printed name of participant, or of *Applicant's parent or legal guardian

**Signature of Parent or legal guardian required if the applicant is under the age of majority in their state of residence.*