



***PRESENTS A 2 DAY CLINIC WITH
MARK LEONE***

March 3-4, 2017

**Hosted by
The Aiken Horse Park, 931 Powderhouse Rd., Aiken , SC 29803**

Mark Leone has more than 30 years of experience as both a winning international show jumping rider and leading trainer. Mark has competed on twenty-nine Nations Cup Team and in ten World Cup Finals around the globe. He is a highly respected clinician and coach and has trained with iconic horsemen such as Bert De Nemethy, George Morris, Frank Chapot, Michael Matz, Conrad Homfeld and Rodney Jenkins.

We are thrilled to have Mark come to Aiken.

Schedule

8:00 am-10:00 am Fences 2'6-2'9

10:30am-12:30 pm Fences 3'0-3'3

12:30 pm-1:30 pm Lunch

1:30 pm-3:30 pm Advanced Section: 3'6 and up

- ❖ Groups will consist of a maximum of 8 riders.
- ❖ Auditors are welcome and a donation to the SPCA would be appreciated.
- ❖ All riders and auditors are welcome to spend the entire day with us.
- ❖ Please bring a lawn chair or blanket to sit on.
- ❖ Visiting dogs **MUST** be on a leash!
- ❖ Each rider fee includes one audit fee for one person.
- ❖ Registration fee/deposit is non-refundable, unless the clinic is canceled. It is transferable.
- ❖ Aiken Saddlery reserves the right to consolidate the clinic or adjust the schedule based upon registration received prior to November 1, 2016.
- ❖ Sections will be filled according to postmark. A wait list will be developed based upon number of registrations received.
- ❖ Riders and horses should be neatly presented. Riders in proper riding attire which includes: Helmet, boots, breeches, crop, and spurs. Helmets are mandatory.

Please mail (or drop off in person) the completed registration and release form, along with payment to Aiken Saddlery. ***Registration deadline is March 1, 2017. Payment must be included for the registration to be considered complete.***

Aiken Saddlery
Attn: Jill Fitzpatrick
1044 East Pine Log Rd
Aiken, SC 29803

Questions? Call Jill at 803-649-6583(work), 908-902-3230(cell) or Email at jill@aikensaddlery.com

AIKEN SADDLERY MARK LEONE CLINIC REGISTRATION AND RELEASE

Rider Name: _____

Auditor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Barn Name/Trainer: _____

Horse Name: _____

Riding Experience: (current showing level)

Section: Please circle one:

2'6- 2'9 3'-3-3 3'6 and up

Fee :\$375 (2 days)

Terms of Registration:

- I agree, in consideration for my participation in this Aiken Saddlery riding clinic with Mark Leone at The Aiken Horse Park, to the following:
- I fully assume the risk of personal injury, arising from equine activities pursuant to South Carolina law. Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.
- I agree that I choose to participate voluntarily in the Aiken Saddlery, Mark Leone, The Aiken Horse Park clinic with my horse, as a rider, handler, lessee, owner agent, coach, trainer, or as parent/guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and the riding clinic involve inherent dangerous risks of accident, loss, and serious bodily injury broken bones, head injuries, trauma, pain, suffering or death. ("harm")
- If I am parent of guardian of a junior rider, I consent to the child's participation and agree to all of the above provisions and agree to assume all of the obligations of this release on the child's behalf.
- I agree that Aiken Saddlery and The Aiken Horse Park as used above includes all of their officials, officers, directors, employees, agents, personnel and volunteers.

The undersigned, individually and parent/guardians of any minor, assume all risks involved with participation in the Aiken Saddlery, Mark Leone, The Aiken Horse Park clinic held, and agree to release, discharge and hold harmless Mark Leone, Aiken Saddlery and The Aiken Horse Park and/or any employees, officers or agents of the foregoing, of and from all causes, liabilities, damages, claims or demands on account of personal injury, accident, or property damage involving named rider or undersigned or horse/pony arising out of attendance at the Aiken Saddlery, Mark Leone, The Aiken Horse Park clinic or in the course of activities held in connection with the clinic. I acknowledge, for myself and my child that I am fully aware of the normal hazard encountered in such a riding clinic to persons, properties, horses or ponies.

I represent that I have the required training, coaching, and abilities to safely participate in this clinic. By signing below, I agree to be bound by all applicable rules and all terms of provisions of this release form.

Signed _____ Date: _____

(Adult Participant / Minor Guardian)

Printed Name: _____

Emergency Contact Name and Phone Number:

Office Only: Check #: _____ Postmark Date: _____