



MAKE 2012 YOUR WINNING SEASON!

**Dressage Clinic with:
WILLIAM SOLYNTJES, “S” Judge**

**\$155 per 45 minute riding session
February 4-5, 2012**

USDF Bronze, Silver and Gold medalist from Hamel, Minnesota.
An accomplished “S” Dressage Judge as well as a member of the USDF Judges’
Committee. Auditing with Solyntjes will prove beneficial to any person who seeks
to improve their dressage techniques or scores.

SCRIBE WORKSHOP

Workshop will be lead by William Solyntjes held on Saturday, February 4th, 2012
\$15 fee per person

William Solyntjes
February 4-5, 2012

Auditor Application

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Alt Phone: _____

Please check the days on which you plan to attend:

_____ Saturday, February 4, 2012

_____ Sunday, February 5, 2012

\$15 per session

Be sure to mail checks with application, as space will only be held with check in-hand.

Please make checks payable to: Majestic Farm

Mail Application and Check to:

Majestic Farm, 5697 State Route 132, Batavia, Ohio 45103

How did you find out about this event? _____

Would you like to be notified via e-mail of any upcoming events at Majestic Farm?

Yes, please email to this address: _____

Please visit the website for more details

www.majesticfarm.net

QUESTIONS? Please call us at (513) 625-3055 or email at: mainoffice@majesticfarm.net

Application Checklist (Items required before a space can be reserved)

Complete application form

Signed Check

William Solyntjes February 4-5, 2012

Rider Application

Rider Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Alt Phone: _____

Horse Name: _____

Level: _____

Please check the day(s) on which you plan to ride: _____ Saturday, Feb 4, 2012 _____ Sunday, Feb 5, 2012

Stabling at additional \$30 per day: _____ Friday _____ Saturday _____ Sunday

Shavings at \$8 per bag: # _____ _____ Saturday lunch _____ Sunday lunch

\$155 per 45 minute Session

Please make checks payable to: Majestic Farm

Limited Space Available

Please mail Application, Check, and Copy of Negative Coggins to:

Majestic Farm, 5700 State Route 132, Batavia, Ohio 45103

Would you like to be notified via e-mail of any upcoming events?

Yes, please email to this address: _____

Ride times will be posted on the Internet

www.majesticfarm.net

QUESTIONS? Please call us at (513) 625-3055 or email at: mainoffice@majesticfarm.net

Application Checklist (Items required before a space can be reserved)

- Complete application form
- Copy of negative coggins
- Signed Release Waiver
- Signed Check

WAIVER AND RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF ASSUMPTION OF RISK

As indicated by my signature below, I understand and believe that the use, handling, riding and other interactions with horses, and the presence in or around a facility where horses are present, involves a risk of physical injury to any individual involved in such activities or present in or around such facilities. I also understand that any horse, regardless of past behavior or training, can act unpredictably at any time. With full awareness of the above, I may, from time to time, be present in or around the boarding facility, be engaged in riding a horse, or in other horse-related activities, at the stables operated by JJJ Asset Management VII, LLC., and as a voluntary participant in such activity, I accept the possibility of injury to myself or my horses as an inherent risk of being present in such facility, or being on or around horses.

In consideration of the permission given to me by the Operator to be present at 5697 State Route 132; Batavia, OH 45103 for the purpose of these horse and farm-related activities, the danger of which I acknowledge, I do hereby fully and forever release, discharge, indemnify and hold harmless the Operator, its successors, heirs and assigns, for any injury or damage to my Horse or its rider, me, my guests, children or loss or damage to property incurred while I am using, handling, riding, or otherwise interacting with or in the presence of a horse while at the boarding facility of JJJ Asset Management VII, LLC.

My signature on this form constitutes my understanding and agreement to all the statements above, and gives the Operator, its agents, employees, representatives, successors, heirs and assigns, my total and unconditional release and indemnification from any and all claims of liability and damages by me, my children (including any unborn child), legal wards, guest, successors, heirs, and assigns.

Signature or Printed Name, if a Minor

Date

Signature of Parent/Legal Guardian

Date

In case of emergency, please contact:

Name

Relationship

Phone Number