



Agnes Majewska- Billington Dressage Clinic

November 20th & 21st 2021

Saturday & Sunday

\$175.00 per 45 minute Session

Rider Application

Rider Name: _____ DOB: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Alt Phone: _____

Horse Name: _____

Level: _____

Please check the days on which you plan to ride:

Friday Saturday Sunday

Stabling at additional \$45/day: _____ Wednesday _____ Thursday _____ Friday

Shavings at \$9 per bag: # _____

\$175.00 per 45 Minute Riding Experience
Limited Availability! Space reserved only when application, check, and coggins are received.
Please make checks payable to: Majestic Farm
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 our website

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
- Vaccination Records Required See Rule GR845 (USEF)

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

- Complete application form
- Signed Check

Auditor Application

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Alt Phone: _____

Please check the days on which you plan to attend:

Saturday _____ Sunday _____

\$20.00 per day

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, 5700 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

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 JLJ Asset Management VII, LLC. d.b.a. Majestic Farm, 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 5700 State Route 123; 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 JLJ Asset Management VII, LLC. d.b.a. Majestic Farm.

My signature on this form constitutes my understanding and agreement to all the statements above including Ohio Equine Activity Statue 2305.321, 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.

Under 18 years of age

Name

Address

Address

Name of Parent/Legal Guardian ~ Relationship

Address (if differs, from above)

Address

Signature of Parent/Legal Guardian/ Date

In case of emergency, please contact:

Over 18 years of age

Name

Address

Address

Signature

Date

Email Address

Name ~ Relationship Telephone Number