

## **Clinic with Mark Rashid**

**October 18 – Evening Demo  
October 19 – 22 Clinic Rides**

**Frying Pan Farm Park  
2709 West Ox Road  
Herndon, VA 20171**

Please join us in welcoming Mark Rashid to an exciting clinic this Fall in Herndon, VA.

Riding spots for this are partially filled. The clinic is October 19-22 with a pre-clinic discussion on October 18<sup>th</sup>. Each rider receives, a 1 hour-long private session each day with Mark with additional time with his assistant Crissi. Auditors are welcomed and encouraged. The clinic is 20 minutes from the Dulles International Airport and just a short cab ride to the park.

Registrations will be accepted on a first come basis as received by mail and are preferred in advance for planning purposes.

### **Date -**

October 18<sup>th</sup>, Pre event evening; 7:00pm – 9:00pm  
October 19<sup>th</sup> – 22<sup>nd</sup>, 2008, Clinic; 8:00am – 5:00pm

### **Location -**

Frying Pan Farm Park  
2709 West Ox Road  
Herndon, VA 20171

### **Cost for Riders -**

Cost for the 4-day clinic is \$640.00. No refunds unless we can fill your spot. Mailing address located below. This includes a one hour-long ride each day with Mark, additional time with his assistant Crissi, auditing for the remainder of the day and a stall for your equine's use. We expect to start at 8:00, break for lunch at 12:00 and finish at 5:00. (The pre-clinic evening event Oct. 18<sup>th</sup>, and is an additional charge \$20.00)

### **Horse Accommodations -**

Use of a stall is provided in the riders registration. Stalls are indoor, 10x10 cement floor. Horses will be able to see other horses across the aisle.  
Hay & shavings available with advance notice/payment.

### **People Accommodations -**

Herndon is located just 10 minutes from the Dulles International airport. There are several local hotels and we would be happy to provide further information. Just let us know.

**What is the Pre-clinic Demo -**

The demo includes group participation with a number of interactive ground exercises for bringing awareness to our horse work. It will feature information, techniques and ideas that will be presented by Mark during the clinic. Included will be hands-on exercises in balance, feel, timing, and blending for participants and auditors alike. We feel this offers a great opportunity for auditors to take part in what will be happening during the clinic, and give participants a good starting point for their sessions.

The pre-clinic evening event October 18<sup>th</sup>, is \$20.00. Start time is 7:00pm.

**Cost for Auditors -**

Cost to audit is \$30/day (no matter how long you stay) or \$100 for all four days.

Please register in advance; It is very distracting to the host to have to stop watching the clinic and attend to business. Your support in this is appreciated.

(The pre-clinic evening event October 18<sup>th</sup>, is an additional charge \$20.00)

Metal bleachers are available but you may prefer to bring your own chair(s). Clinic is outdoors in open weather and will be held rain or shine.

**Food/Beverages -**

We will have water available for riders but no food service on the grounds. There are lots of choices within a 5-10 minute drive. Maps, directions etc. available on the grounds that day.

**Facility -**

Outdoor sand arena. No heat.

Restrooms are available on the grounds.

**Mailing Address -**

Please make checks payable to: Frying Pan Farm Park

Mail to:

Leslie Painter

13306 Burkitts Road

Fairfax, VA 22033-1300

Please let us know if you have further questions. We look forward to seeing you there.

Clinic Host/Hostess

Dan Dalrymple

dan@i-c.net

c| 301-404-6841

Leslie Painter

lpainter@gmu.edu

c| 703-868-0847

Park Liasion

Chris Monson – Frying Pan Farm Park

## Potential Riders

Complete registrations will be accepted on a "first come, first serve" basis. We generally have a waiting list and already have several slots filled. We will confirm your registration status by e-mail upon receipt of your COMPLETE registration packet. Please be sure your e-mail address is legible.

Your confirmation e-mail will include a pre-Clinic questionnaire and other orientation material. Please let us know if we can provide any further information or if you have questions.

If you must cancel, your registration will be returned only if we find a replacement rider. Cancellations are also subject to a 15% cancellation fee. If the Clinician or Host must cancel, registrations will be refunded in full. Clinic is rain or shine.

Registration includes your session each day with Mark and auditing privileges for those days. The pre-event evening is an additional cost. Participation is encouraged. A copy of your horse's current, negative coggins is required with your registration. Drawn date must be less than 1 year, effective October 18<sup>th</sup>, 2008.

### **MAKE CHECKS PAYABLE TO:**

Frying Pan Farm Park

### **MAIL TO:**

Leslie Painter  
13306 Burkitts Road  
Fairfax, VA 22033-1300

### **Remember to include:**

- Your completed registration form with legible e-mail address**
- Signed & completed liability release form**
- Copy of your horses current, negative coggins that is legible**
- Your check ☺**

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**MARK RASHID CLINIC**  
**Problem-Solving ♦ Horsemanship**  
**October 19-22, 2008**  
(Pre-event, evening discussion October 18<sup>th</sup>, 2008)

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**PARTICIPANT REGISTRATION FORM**

Name \_\_\_\_\_ Horse's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**PLEASE READ CAREFULLY**

Registrations will be on a "first come, first serve" basis. We generally have a waiting list and already have several filled slots. We will confirm your registration status by e-mail upon receipt of your COMPLETE registration packet. In addition to directions to the facility and hotel information, you will receive a Pre-Clinic Questionnaire and other orientation material. Please let us know if we can provide any further information or if you have questions.

If you must cancel, your registration will be returned only if we find a replacement rider. Cancellations are also subject to a 15% cancellation fee. If the Clinician or Host must cancel, registrations will be refunded in full. Clinic is rain or shine.

Registration includes your session each day with Mark and auditing privileges for those days. The pre-event evening is an additional cost. Participation is encouraged. Riders are required to sign the attached liability form. A copy of your horse's current, negative coggins is also required. Please be sure to return these with your registration form so that your packet is complete. Incomplete packets will not be accepted. Coggins drawn date must be less than 1 year, effective 5/12/2008.

**RIDER REGISTRATION**

	<b><u>FEES</u></b>	<b><u>TOTALS</u></b>
<input type="checkbox"/> <b>Pre-event discussion</b> Oct 18 <sup>th</sup> , 7:00pm – 9:00pm	\$ 20.00	\$ _____
<input type="checkbox"/> <b>Rider Problem-Solving/Horsemanship</b> (4 days – Oct 19 – 22, 2008)	\$640.00	\$ _____

Overnight stabling or day stall use is included in your registration fee. Shavings and hay can be provided for an additional fee. You are responsible for the daily cleaning of the spaces you use. Please leave the grounds as you found them; leave no trace.

**Hay – mixed grass** # of bales \_\_\_\_\_ x \$8.00 = \$ \_\_\_\_\_  
 **Shavings –** # of bags \_\_\_\_\_ x \$7.00 = \$ \_\_\_\_\_

**TOTAL (due with registration):** \$ \_\_\_\_\_

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**MAKE CHECKS PAYABLE TO: Frying Pan Farm Park**  
**MAIL TO: Leslie Painter, 13306 Burkitts Road, Fairfax, VA 22033-1300**

**Park Contact:**  
Chris Monson  
chris.monson@fairfaxcounty.gov  
(703) 437-9101

**Host/Hostess Contacts:**  
Leslie Painter  
[lpainter@gmu.edu](mailto:lpainter@gmu.edu)  
(703) 868-0847

**Dan Dalrymple**  
[dan@i-c.net](mailto:dan@i-c.net)  
(301) 404-6841

Thank you! We look forward to having you here!!

**MARK RASHID HORSE TRAINING, INC.**  
**P.O. Box 3241, Estes Park, CO 80517 970-577-9944**

**RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE.**

**PLEASE READ ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING IT. Your signature indicates your understanding of and agreement to its terms.**

Under Colorado Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 13-21-120, Colorado Revised Statutes.

On behalf of myself, my personal representatives, heirs, next-of-kin, spouse and assigns, I hereby:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a persons feet, push or shove a person, saddles or bridles may loosen or break – all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. Acknowledge that horseback riding is a dangerous activity and involves RISKS that may cause SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
3. Voluntarily assume the risk and danger of injury or death inherent in the use of horse, equipment and gear provided to me by Mark Rashid Horse Training, Inc. and the use of my own horse, equipment and gear.
4. RELEASE, DISCHARGE AND PROMISE NOT TO SUE Mark Rashid Horse Training, Inc., and/or any of its owners, officers, partners, employees and agents (hereinafter the “Releasees”), for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.
5. Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders.
6. INDEMNIFY, AND SAVE AND HOLD HARMLESS Mark Rashid Horse Training, Inc. and it’s employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of the horse and any equipment or gear provided therewith or any acts or omissions of other employees or agents.
7. Agree to abide by and follow any instruction given or rules established by Mark Rashid Horse Training, Inc. or any of it’s agents with regard to my use of the horse or any equipment or gear provided herewith.
8. The undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk and indemnity agreement is governed by the Sate of Colorado and is intended to be as broad and inclusive as is permitted by Colorado law, and that in the event of any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
9. Acknowledge that this document is a contract and agree that if a lawsuit is filed against Mark Rashid Horse Training, Inc. or its owners, agents, partners, employees for any injury or damage in breach of this contract, the Undersigned will pay all attorney’s fees and costs incurred by Mark Rashid Horse Training, Inc. in defending such an action.

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Signature of rider, or if a minor, by parent or guardian)

**RIDER INFORMATION - PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Email \_\_\_\_\_

**RIDER EXPERIENCE LEVEL**

Never Ridden

Ridden Few Times

Ridden Occasionally

Ridden Frequently

Experienced Rider

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**MARK RASHID CLINIC**  
Problem-Solving ♦ Horsemanship  
October 2008

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**Stable Information**

Name \_\_\_\_\_ Horse's Name \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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**Please mail this form back so that we are better prepared to assist you.**

Yes No  
  **Will your horse be staying overnight**

\_\_\_\_\_ **When do you expect to arrive?**

\_\_\_\_\_ **When do you expect to leave?**

Horses may arrive after 12:00pm on Oct 18<sup>th</sup> and should be out of their stalls by 12:00pm on Oct 23<sup>rd</sup>. Overnight stabling or day stall use is included in your registration fee. Shavings and hay can be provided for an additional fee. You are responsible for the daily cleaning of the spaces you use. Wheelbarrows, muck forks/buckets etc. will be provided.

Please leave the grounds as you found them; leave no trace. If you requested hay/shavings these will be placed outside your stall on your arrival day.

**Please let us know if you have any questions or need further assistance.**

**Host/Hostess Contacts:**  
Leslie Painter  
[lpainter@gmu.edu](mailto:lpainter@gmu.edu)  
(703) 868-0847

Dan Dalrymple  
[dan@i-c.net](mailto:dan@i-c.net)  
(301) 404-6841

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For Park Use:

**Hay** – # of bales requested and paid for \_\_\_\_\_

**Shavings** – # of bags requested and paid for \_\_\_\_\_

*Thank you! We look forward to having you here!!*

**MARK RASHID CLINIC**  
**Problem-Solving ♦ Horsemanship**  
**October 19-22, 2008**  
(Pre-event, evening discussion October 18<sup>th</sup>, 2008)

**AUDITOR/SPECTATOR REGISTRATION FORM**

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

▶ **ADVANCE Registration required**

Please indicate the area for which you are registering by checking the option(s) you want. Write in the amount of the REGISTRATION. As you continue down the form, you will need to add in camping fees, if applicable. Subtotal EACH section and then come up with a total amount of your fees.

<b>AUDITOR / SPECTATOR REGISTRATION_</b>	<b><u>FEES</u></b>	<b><u>TOTALS</u></b>
<input type="checkbox"/> <b>Pre-event discussion</b> Oct 18 <sup>th</sup> , 7:00pm – 9:00pm	\$ 20.00	\$ _____
<input type="checkbox"/> <b>Discount</b> - All 4 days – Oct 19-22	\$100.00	\$ _____
<input type="checkbox"/> <b>Sunday</b> , Oct 19 <sup>th</sup> , 8:00am – 5:00pm	\$ 30.00	\$ _____
<input type="checkbox"/> <b>Monday</b> , Oct 20 <sup>th</sup> , 8:00am – 5:00pm	\$ 30.00	\$ _____
<input type="checkbox"/> <b>Tuesday</b> , Oct 21 <sup>st</sup> , 8:00am – 5:00pm	\$ 30.00	\$ _____
<input type="checkbox"/> <b>Wednesday</b> , Oct 22 <sup>nd</sup> , 8:00am – 5:00pm	\$ 30.00	\$ _____
<input type="checkbox"/> Under 12, no registration charge when accompanied by a paying adult.		

The facility at Frying Pan Farm Park is excellent. Restrooms are available in the indoor arena. Metal, bleacher style seating is available or bring your own chair. Meals/food are not available on the grounds. Please come prepared for the day. There are vending machines and the country store has snacks and ice cream. Many restaurants are available within a 10-minute drive. Details provided at the clinic. Clinic is held rain or shine. Please dress and plan accordingly. While the park allows pets on a leash, pet's that are disruptive to the clinic will be asked to leave.

**ADVANCE REGISTRATION ENCOURAGED\**

**TOTAL PAYMENT:**

\$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** Frying Pan Farm Park  
**MAIL TO:** Leslie Painter, 13306 Burkitts Road, Fairfax, VA 22033-1300

**Park Contacts:**  
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[dan@i-c.net](mailto:dan@i-c.net)  
(301) 404-6841

Confirmation will be sent to you by e-mail upon receipt of payment. No refunds for cancellations. If it becomes necessary for the sponsors of this clinic to cancel this event, registration fees will be refunded in full. Clinic is rain or shine.

*Thank you! We look forward to having you here!!*