



ERAHC
Working Equitation Clinic
Ease of Handling with Stephanie Hayes
July 22, 2023
Mount Holyoke College
50 College St., South Hadley, MA 01075

In conjunction with the Eastern Region Andalusian Horse Club (ERAHC) New England Classic Horse Show on July 20-23, 2023, and Sponsored by ERAHC, a Working Equitation Clinic will be held with Stephanie Hayes, a USAWE Recognized Coach and USAWE "L" judge. Stephanie will be doing a WE demonstration with her horse during the lunch break.

This clinic is suitable for first time WE riders and for anyone who has experience in the sport already. Working Equitation is open to English and Western riders and horses of all breeds.

Working Equitation (WE) is the fastest growing equine sport in the US and is comprised of four trials: Dressage, Ease of Handling (obstacles), Speed and Cattle work. English or Western, all breeds, and gaited horses welcomed. For more information on this fun sport visit www.usawe.org & www.newenglandwe.com.

This one day clinic will focus mainly on the Ease of Handling (EOH) trials, basic rules, criteria of each obstacle and how to execute each one. The new USAWE 2023 dressage tests will be discussed.

Riders will be grouped in two-hour sessions, (no more than four riders per group).

Stephanie Hayes has been a professional in the horse industry for over two decades as a natural horsemanship clinician, trainer and competitor. In 2017 she attended her first WE clinic and was inspired to incorporate the training benefits into her programs. Stephanie conducts clinics throughout the U.S., co-founded New England Working Equitation, Inc., is a USA WE Recognized Coach, USA WE "L" judge and serves on the USA WE Executive Committee. She has been awarded National and Regional Championships on several horses at Level 1 through 4, and coached her junior rider to National Championship honors. Stephanie lives with her husband Tim Hayes at their farm, The Center for America's First Horse in Johnson, Vermont where she trains and promotes rare Spanish Barbs.

Working Equitation is a specialized discipline. While horses of all stages of training are welcomed to attend, only riders confident that they can control their horse in a clinic environment may attend. If you have trouble with your horse bucking, rearing or bolting under saddle, this is not the right clinic for you at this time. For safety reasons, the clinic host and/or clinician has the right to excuse a horse from the clinic that displays disruptive or potentially dangerous behavior to other riders or horses. No refunds will be issued to those who are excused. Refunds will be issued if the clinic is cancelled or your spot can be filled.

Show Contacts

SHOW COMMITTEE CHAIR

Patricia Norcia, Clinton, CT, pnorcia@mac.com, 860 391-2767

ERAHC CLASSIC SHOWS GENERAL MANAGER

Linda Denniston, Rocky Ridge, MD, crqhf2020@gmail.com, 301-447-6240

SHOW SECRETARY

Sue McKeown, 6 Whitehaven Lane, Worcester, MA 01609, suemckeown@charter.net, 978-430-9254

CLINICIAN

Stephanie Hayes, Johnson, VT, vtblackpony@aol.com, 802-730-5400

ANNOUNCER

Paul Eason

FARRIER AND VETERINARIANS

Farrier on Site: 8:00 - 10:00 am Dave Hodder: On Call: 860-967-8445

Veterinarian On Call: Mill Valley : 413-323-9201

Hold Harmless Clause

Understanding that horse sports may be hazardous and dangerous, even leading to permanent injury or death, each owner, rider, spectator, and other participant assumes any and all risk of loss or injury and agrees to hold harmless, regardless, the horse show personnel and the facility, Mount Holyoke Equestrian Center, hosting the show. ERAHC will not be responsible for any damage, injury, or loss to persons, horses, or property of exhibitors, spectators, or grooms. All local facility rules must be followed.

Entry Procedures

- A ERAHC Working Equitation Clinic Entry Form is required. Use one entry form per horse-rider or horse-handler combination.
- Entry can be done online by finding the show on www.horseshowoffice.com list of events. The entry form will be available on www.horseshowoffice.com as a PDF to print out and do entry as a hard copy then mailed to the show secretary. The entry form also will be available on www.erahc.com.
- The entry form, including the ERAHC and The Center For America's First Horse Waiver/Release Forms, is not valid unless it is fully completed and signed with original signatures of Rider/Handler. An adult must sign for any junior rider.
- **Entries open June 5 and must be received by the closing date of July 5, 2023.** Entries postmarked after the closing date will be assessed a \$25 late fee and/or possibly be placed on a waiting list.
- Entries may be limited if the number of entries exceeds time allowed for each session. No phone entries will be accepted. Entries are accepted on a first-paid, first-served basis. In the event of oversubscription a waiting list will be established.
- Photocopy of negative Coggins test dated within one year of the end of the show, and Flu/Rhino vaccination within six months must accompany the entry form to be accepted.

Entry & Other Fees, Payment Policy

Two-hour session (*no more than 4 riders per group*) - \$175

Other Fees:

- Office Fee: \$5.00 per horse
- Late Entry Fee: \$25.00/horse
- Stabling Cost: 1 night = \$95; 2 nights = \$180
- Trailering in Grounds Fee: none

Register and pay by charge card online at www.horseshowoffice.com.

For mailed entries and payment, make checks payable to ERAHC and send to the Show Secretary:

Sue McKeown - 6 Whitehaven Lane, Worcester, MA 01609. 978-430-9254 suemckeown@charter.net

No refunds after closing date. Until closing date refunds will be made on entries minus a \$20.00 fee. Checks returned for any reason will be assessed a fee of \$50.00. No entry may show unless it is paid in full.

Schedule

Individual clinic ride times will be available at www.horseshowoffice.com and will be emailed to participants. The sessions are in the outdoor arena.

- **8:00-10:00 AM** First clinic session
- **10:00-12:00 PM** Second clinic session
- **Lunch**
- **1:00-3:00 PM** Third clinic session
- **3:00-5:00 PM** Fourth clinic session

No riding anywhere on the grounds on Friday until the BEGI show is finalized.

Stabling Details

- Put stabling request on first event you are entering of the four-day event and do not repeat for subsequent events.
- All stalls are available for move in after 12:00 pm on your arrival date. Stalls must be vacated by two hours after end of show/clinic unless you have the stall for overnight after.
- Latest Departure: By 7:00 pm on Sunday July 23
- Stabling information with stall assignments will be emailed to participants ahead of time.
- Upon arrival at Mount Holyoke College Equestrian Center, pick up your packet at the show office.
- Stalls are available for one night @ \$95, two nights @ \$180, three nights @ \$240. All stalls are non-refundable after the closing date. Stalls will be allocated on a first come first serve basis. Tack stalls may be requested, but priority given to competing horses. If oversubscribed, tack stalls will be removed from the entry and a refund will be issued.
- Show will attempt to accommodate specific stabling requests from competitors, but makes no guarantee on the availability of any specific stall.
- Competitors may show out of their trailer for no fee. No overnight horses may be stabled in trailers or tied out.

- Approximately 45 permanent 10 x12 stalls with full doors available on grounds. All stabling will be in the main barn.
- Emergency contact information must be prominently displayed on all stalls housing an animal, including both cell phone and local contact information.
- The horse owner shall perform all the horses' care including feeding and cleaning.
- Please bring all your own equipment including buckets, snaps and stall cleaning equipment. Mount Holyoke College tack and equipment is for use with their horses only.
- No bedding will be provided. All stalls must be bedded. Shavings available for purchase from Pleasant Brook Farm and Feed, Granby, MA 413-467-9464.
- **No one is allowed in the barns after 9:00 pm. A motion-sensitive alarm** is set in the evening to protect the safety of the horses and equipment. **Any afterhours emergencies can be directed to Campus Police at (413) 538-2304.**
- Please strip stalls when vacating. Any stall left dirty will be billed \$50 (including tack stalls) per stall.
- Sharps containers are located on the road side of barns. Competition management may fine any individuals up to \$100 for improper disposal of needles or other sharp disposable instruments.

Footing

Outdoor dressage area: Eurofelt/sand mix. Outdoor arena warm up on sand

General Information

- **ERAHC** will not be responsible for any damage, injury, or loss to persons, horses, or property of exhibitors, spectators, or grooms.
- **Mount Holyoke College (MHC)** shall be held harmless against all claims, costs, losses or liability of every nature and kind asserted against or incurred by visitor and visitor's use of premises.
- Any corrections, changes or updates to this document prior to the show will be emailed to participants. The class schedule should be used for planning purposes only. This is not an official schedule. Show management will do its utmost to conform to this schedule. It is the participants responsibility to check with the show secretary for any changes.
- **Show Office Hours:** Wednesday 19: 12pm—7pm, Thursday 20-Sunday 23: 7am—1 hour after show ends each day. These are anticipated hours.
- **Hospitality:** Food available on site during show hours.
- **No smoking** is allowed anywhere on the grounds, in the barn areas, and in any buildings.
- **All domestic animals** (dogs and cats) must be securely tied, caged, in a closed stall, or on a leash held by a responsible person at all times while on the show grounds or in the stable area.. No dogs allowed in warm up arenas.
- **Numbers** must be worn at all times when a horse is being exercised, walked, or ridden.
- **Riders and drivers** must wear hard hats (ASTM/SEI Approved) with chin straps attached and appropriate footwear.
- **Parent or legal guardian**, or trainer must be on the property when minors are riding.

- **Show Fines:** The following fines will be enforced by the show on all exhibitors, competitors and spectators in violation of local rules: Loose dog/cat without leash: \$100. Smoking in the barn area: \$100. Improper disposal of medical or hazardous waste: \$100.
- **Farrrier and Veterinarian:** on-call numbers will be posted in the barns and the secretary office. Veterinary Emergency Surgical Facility, Tufts Univ. Met Hospital; 200 Westboro Re. No; Grafton, MA; (508) 839-5395
- **Motorized Vehicles** are allowed on access roads only.
- **ERAHC Waiver/Release Form:** must be signed by: Rider; Owner; Trainer & Coach (if applicable)
- **Leave the arena rings** and grounds clean; manure should be picked up as soon as possible.
- **There is no warm up on the grounds on Friday until the BEGI show is finalized.**

For More Information about Mount Holyoke College equestrian Center go to https://athletics.mtholyoke.edu/facilities/equestrian_center/index

Directions & Accommodations

GPS address to the Equestrian Center: 56 Park Street, South Hadley MA.

Take MA Turnpike/I-90 East or West. Take Exit 49; bear to the right after toll booth. Turn left on Rt.33, drive approximately 5 miles. Take a right onto Rt. 116 north, drive 1.5 mile to the College. Turn right onto Church St, which turns into Park St. Equestrian Center entrance will be on the left.

Several hotels to choose from, all within 20 minutes, in nearby Holyoke, Amherst, Chicopee and Northampton - See <http://hotelguides.com/colleges/massachusetts/mount-holyoke-college.html>



ERAHC Working Equitation Clinic

Ease of Handling with Stephanie Hayes

July 22, 2023 - Entry Form

At Mount Holyoke Equestrian Center, South Hadley, MA

All Breeds Welcome

Riders Name _____

Address _____

Email address _____

Phone Number _____

Horse's name _____ Mare ___ Gelding ___ Stallion ___

Horse's age _____ Horse's breed _____

Describe any prior Working Equitation experience:

What discipline are you currently riding in or have experience in?

What level do you school or compete at?

For Scheduling purposes, are you competing in the ERAHC Baroque Show on Saturday? Yes ___ No ___

Emergency Contact _____ Phone _____

SESSION: 2-hour session (*no more than 4 riders per group*) for \$175

STALLS: (*Tack stalls additional fee*) ___# Stalls for 1 night @ \$95 ___# Stalls for 2 nights @ \$180

ADDITIONAL FEES: Office Fee - Each Horse @ \$5 Late Fee @ \$25

TOTAL FEES: \$ _____ Entries open June 5th and close July 5th

Register at www.horseshowoffice.com and pay by charge card OR

mail to: Sue McKeown, 6 Whitehaven Lane, Worcester, MA 01609. Checks to: ERAHC

Include a negative Coggins dated within 12 months, and Flu/Rhino dated within 6 months of the clinic date with your entry.

Date & Time of Arrival _____ of Departure _____

PLEASE READ AND SIGN THAT YOU ACKNOWLEDGE THE FOLLOWING:

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Signature _____ Date ___/___/2023

Eastern Region Andalusian Horse Club Inc.
9356 Mount Vernon Circle
Alexandria, VA 22309

RELEASE, ASSUMPTION OF RISKS AND DANGERS, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I agree to this Release, Assumption of Risks and Dangers, Waiver of Liability, and Indemnity Agreement (hereafter, "Agreement") with the Eastern Region Andalusian Horse Club (hereafter referred to as "ERAHC") as a condition for allowing me to compete or volunteer in ERAHC hosted events and competitions (hereafter referred to as "The Activities" throughout this Agreement).

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR OWNER TRAINER OFFICIAL STAFF VOLUNTEER COACH (IF APPLICABLE)

NAME (please print clearly): _____

NAME OF THE OTHER CONTRACTING PARTY (Parent if minor): _____

ADDRESS: _____

PHONE: [Home] _____ [Cell/Other] _____

To the fullest extent allowed by law, I also make this agreement on behalf of the following who is/are my child/children or legal ward(s):

1. _____ Age: _____ Date of Birth: _____

2. _____ Age: _____ Date of Birth: _____

All parts of this Agreement apply to me and each of the children or legal wards listed above. [We will collectively call ourselves, "I", "me", or "my" throughout this Agreement]

IT IS AGREED AS FOLLOWS:

1. AGREEMENT TO VOLUNTARILY ASSUME ALL RISKS AND DANGERS UNDER THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT / NOTICE OF INTRINSIC DANGERS OF EQUINE ACTIVITIES PURSUANT TO VA CODE ANN. 3.2-6203(B).

By signing this Agreement, I affirm that I fully understand and appreciate the risks and dangers inherent in and intrinsic to equine activities. "Intrinsic dangers of equine activities" means those dangers or conditions that are an integral part of equine activities, including: (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

2. **WAIVER OF RIGHTS TO SUE (AS ALLOWED PURSUANT TO VA. CODE ANN. 3.2-6200-6203)**: With full knowledge and appreciation of the intrinsic and inherent risks and dangers of equine activities, and to the fullest extent as may be permitted under Virginia law, I (on behalf of myself and my spouse, parents, heirs, representatives, assigns, minors) agree to each of the following: (a) ERAHC and their members, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, and others acting on their behalf (hereafter referred to collectively as "The Released Parties") shall not be liable for any losses, injuries, or damages that I may sustain as a result of engaging in any of The Activities at any time or at any location; and (b) I release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) against The Released Parties whether claims are known, unknown, anticipated or unanticipated, and whether caused by their ordinary negligence, a violation of a state equine activity liability act, or other legal liability resulting from or arising out of my/our engaging in The Activities at any time and at any location. The term "damages" in this Agreement means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, or property damages, death, expenses, and/or personal property damages. This Agreement is intended to apply and be binding regardless of whether I/we am/are riding, driving, handling, or near equines. THIS AGREEMENT IS INTENDED TO BE A WAIVER OF RIGHTS TO SUE AS CONTEMPLATED BY THE VIRGINIA EQUINE ACTIVITY LIABILITY ACT, VA. CODE ANN. 3.2-6200-6203, INCLUDING 3.2-6301.B.

3. **INDEMNIFICATION.** To the fullest extent allowed under Virginia law, I also agree to indemnify and hold harmless **The Released Parties** against any and all claims, demands, actions, liabilities, losses, or suits that are brought against **The Released Parties** (or either of them), which are in any way connected with my participation in any of **The Activities** at any time and at any location, including claims that allege acts or omissions of **The Released Parties** that are negligent or in violation of a state equine activity liability act. This indemnification shall also include reimbursement of reasonable attorney fees and costs incurred by **The Released Parties**.

SIGNATURE: _____

PRINT NAME HERE: _____ DATE: _____

SIGNATURE OF OTHER CONTRACTING PARTY (Spouse/Other Parent):

PRINT NAME HERE: _____ DATE: _____

The Center for America's First Horse, Inc.
Stephanie Hayes
P.O. Box 31 Johnson, VT 05656
802-730-5400

Liability Waiver and Release Form

Warning

Under Vermont law, an equine activity sponsor is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A.

I, _____ (and my minor child _____) (hereinafter the "Undersigned")

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, THE UNDERSIGNED HEREBY:

1. **ACKNOWLEDGE THAT HORSEBACK RIDING, THE HANDLING OF A HORSE OR BEING IN CLOSE PROXIMITY TO A HORSE IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH** because of the unpredictable nature and behavior of horses, regardless of their training or past performance.
2. Voluntarily assume the risk and danger of injury or death inherent in the handling or riding of the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear provided to me by The Center for America's First Horse, Inc..
3. **RELEASE, DISCHARGE AND PROMISE NOT TO SUE** The Center for America's First Horse, Inc., **Stephanie Hayest**, or it's employees, volunteers, agents, or representatives for any loss, damage, injury (including death) or cost to me or my child's arising out of the handling or riding of a horse or being in close proximity to a horse or on the premises of the Center or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear provided by The Center for America's First Horse, Inc..
4. Release The Center for America's First Horse, Inc. from any claim that such The Center for America's First Horse, Inc. were negligent in connection with my or my child's riding a horse 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 or the use of any equipment provided by The Center for America's First Horse, Inc. or being on the premises of the Center, which resulted in loss, damage, injury or death.
5. **INDEMNIFY, AND SAVE AND HOLD HARMLESS** The Center for America's First Horse, Inc. or it's employees, volunteers, agents or representatives from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse or being in close proximity to a horse or on the premises of the Center or the failure to wear a protective helmet when riding a horse and/or and use of saddles, bridles, equipment and gear provided therewith from or contributed to by my or my child's own negligence.
6. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of Vermont and is intended to be as broad and inclusive as is permitted by Vermont law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
7. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Stable or its owners, agents, employees, or representatives for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by the Center in defending such an action.
8. **IT IS RECOMMENDED THAT I, MY CHILD, AND ALL RIDERS WEAR A PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY.**

I have read this document. I understand it is a promise not to sue and to release and indemnify the Trainer, the Center for America's First Horse, Inc., its owners, employees and agents for all claims. I have made a free and deliberate choice to sign the Release and Waiver as a condition to The Center for America's First Horse, Inc. allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the Release and Waiver of Liability is worth the pleasure of horseback riding experience and acknowledges that the same is valuable consideration for this Release and Waiver of Liability.

Date _____ Signature _____

Print Name of Parent or Legal Guardian _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact and Phone Number _____

Does the participant have any physical or mental conditions that affect his/her safety and ability to ride a horse? Yes No (circle one)

I grant to The Center for America's First Horse, Inc. the right to take photographs of me and my family. I authorize The Center for America's first Horse, Inc, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Center for America's First Horse, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

No refunds. Please, no pregnant riders. The Center for America's First Horse reserves the right to deny any service if deemed unsafe for any persons or the horses.