

# Equine Behavior Basics & Positive Reinforcement Training

Sharon Madere, CHBC



## REGISTRATION

**Sunday June 10, 2018 8:30 AM – 4:30 PM**  
**Heirloom Equestrian Services, Louisville KY 40299**

Lunch  
Included!  
Sponsored By



Name \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

☐ \$135 Rider / Handler with Horse (Coggins required)

☐ \$35 Auditor Participant - OR - ☐ \$45 Auditor at the Door

**Registration Total \$ \_\_\_\_\_ PayPal, or check payable to EquiLightenment**

Briefly describe any previous experience or exposure you have had with positive reinforcement training:

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Briefly describe any specific goals or problems (on ground or riding) you want to work on or learn about:

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How did you hear about this Workshop? \_\_\_\_\_

**If bringing horse, please complete the following:**

☐ \$15 day stall ☐ \$40 overnight stall (24 hrs) \_\_\_\_\_ # Wheelbarrows Shavings

**Stabling Total \$ \_\_\_\_\_ Make Payable to Heirloom Equestrian Services**

Horse \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mail payment, registration form, release forms and negative Coggins (if bringing a horse) to:

**Kathleen Kiefer, 4601 Saratoga Hill Rd. Louisville, Kentucky 40299**

Or scan & email forms to: [Kathleen.Kiefer@gmail.com](mailto:Kathleen.Kiefer@gmail.com)

Questions? Call Kathleen Kiefer 502.553.9203

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

Name(s) of rider(s):

Parent's name (for riders under 18):

Address:

Telephone:

I can hereby enter into this agreement in consideration of my ability and permission to ride OR use any Horse owned by or in the care of Heirloom Equestrian Services, whose address is 2612 S. English Station Road, Louisville, KY 40299.

**IMPORTANT NOTICE: BY SIGNING THIS AGREEMENT. YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT HEIRLOOM EQUESTRIAN SERVICES LLC, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR HEIRLOOM EQUESTRIAN SERVICES. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.**

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

*Bites, kicks, abrasions or contusions from horses. Being thrown or bucked off by horses. Scratches or other injury from stalls or enclosures. Scratches or other injury from grooming tools and other equine equipment and tack. Allergic reactions to animals, hay, or other allergens. Tripping in holes or on materials or equipment. Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.*

I hereby specifically forever waive and release Heirloom Equestrian Services and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses, as well as from the active negligence of Heirloom Equestrian Services, its principals and agents. By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at Heirloom Equestrian Services, there will not be a nurse on the premises and Heirloom Equestrian Services and its principals and agents bear no responsibility for my health or medical care. I agree to indemnify, save and hold harmless Heirloom Equestrian Services and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Heirloom Equestrian Services or any acts or omissions of Heirloom Equestrian Services's principals or agents. By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at Heirloom Equestrian Services, without restriction, without liability to Heirloom Equestrian Services, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

(Initial) \_\_\_\_\_

If I am present at and participate in the activities of Heirloom Equestrian Services, I do so at my own risk, and I hereby acknowledge and agree that Heirloom Equestrian Services and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Heirloom Equestrian Services.

Name (print):: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's/Parent's Signature: \_\_\_\_\_

## LIABILITY RELEASE & ASSUMPTION OF RISK

I, \_\_\_\_\_ hereby voluntarily and knowingly execute this Release and Assumption of Risk with the express intention of extinguishing obligations, claims, and causes of action as stated herein. This Release and Assumption of Risk is entered as result of my decision to participate in activities including, but not limited to, the observation and/or handling and/or training and/or riding of horses (whether owned by me or by others) in conjunction with an educational event conducted by Sharon E. Madere and EquiLightenment, LLC (headquartered at 45 NW 125 Ave., Ocala Florida 34482). I acknowledge that riding, handling, and/or being in proximity to horses is dangerous and that there is inherent risk of injury or death. I hereby waive any claim for injury to my person, my horse or my property for damages that may occur as a result of me and/or my horse participating in the educational event, and engaging in any activities with or without my horse, and with or without any other horses present at the event. I hereby assume all risks involved with my presence and participation, which may include injury and death. I expressly release, discharge, and hold harmless Sharon E. Madere and EquiLightenment LLC, their appointees, employees, volunteers, contractors or agents from any and all injuries, claims, or causes of action that I may have, known or unknown, or that any person claiming through me may have, known or unknown, or claim to have against Sharon E. Madere and EquiLightenment LLC, their appointees, employees, volunteers, contractors or agents created by or arising out of or during or following my and/or my horse's presence and/or activities associated with the educational event conducted by Sharon E. Madere and EquiLightenment LLC, through the act or omission to act by anyone, whether they be Sharon E. Madere, EquiLightenment LLC, and/or their appointees, employees, volunteers, contractors or agents or whomsoever. I also hereby release Sharon E. Madere, EquiLightenment LLC, and/or their appointees, employees, volunteers, contractors and/or agents, from any and all liabilities and/or claims regarding any illness, injury, loss and/or death of my horse, as well as any liabilities and/or claims regarding loss, damage and/or destruction of any personal property that I choose to bring and/or leave on the premises.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Sharon Madere, EquiLightenment LLC, Ocala, FL 34482**