

# **2024 GMHA Wheel Runners**

A monthly group lesson series with **Robin Grove**s. Wheel Runners sessions are group lessons for **Drivers**.

## **Options for Wheel Runners:**

- **Complete package:** Includes both lessons on all dates listed. (Discount in price.)
- **One day, both sessions:** Includes both lessons- enter for single or multiple dates
- **One day, one session**: Includes one AM lesson. Participants may enter for single or multiple dates.

A completed entry form and Coggins/Rabies must be received by the Friday before each date - four entries in each session are required to hold a lesson. Rabies titer results accepted with vet note.

**Wheel Runner** sessions may be combined if entries are low. Groups may be split if entries are high. This will be communicated via email by Monday morning before Wheel Runners.

Wheel Runner lessons will be offered at 10:00am & 1:00pm, 11:00am & 2:00pm

# If you have not worked with Robin Groves in the past, it is required that you contact her regarding you and your horse's level of experience prior to entering. See contact info below.

## **Driving Lesson Information**

- Sessions will include dressage work, cones, or other obstacles/ hazards lessons. The instructor is always open to requests or suggestions from the drivers.
- Lessons are open to drivers of all ages, but Junior Drivers (under age 18) must first speak with Robin Groves to confirm that it would be an appropriate situation based on their level and experience.
- Lessons are open to stallions, mares, and geldings of all breeds (including mules). No horses under age 4 will be permitted. Please note that all lessons are GROUP lessons.

## **Contact Information**

Robin Groves, Clinician (802) 484-5016: Horse and Rider/Driver eligibility/experience inquiries

GMHA (802) 457-1509, mperry@gmhainc.org: Entry status, ride time inquiries

NOTE: There is no farrier or vet on-call during these events. You should bring your own lunch.



**REFUNDS:** Requests for refunds will be considered on a case by case basis. Please notify the manager in writing (letter, or email) prior to the start of the lesson. A \$20.00 admin/ handling fee will be applied to all refunds.

### **2024 Dates** April 30th May 7th June 11th July 30th August 20th

September 17th October 15

# WHEEL RUNNERS ENTRY FORM

### Please Mail Entries & Waiver to: GMHA Wheel Runners, PO Box 8, S. Woodstock, VT 05071 Please contact GMHA with any questions: (802) 457-1509 or mperry@gmhainc.org

<b>RIDER INFO</b>							
Name			Phone Number				
Address				City, State, Zip			
Email							
HORSE INFO							
Name				Breed			
Sex	Colo	r			& Proof of Enclosed	Rabies (titer accepted □On File	
l am entering: (check all that apply) April 30 May 7 June 11 July 30 August 20 September 17 October 15				Select Lesson Times			
GMHA Member (Discount)					GMHA	Non-Member	
Full Day, All 7 sessions - \$330 Single, Full Day Single - # of ses x \$55 =						\$390	
Half Day -		of ses				x \$65= x \$45=	
		otal			Total	XVVIJ	
PAYMENT IN	FORMATIO	N					
□ Check Enclosed □ Cash □ Bill my credit card (MC,				C/Visa/Amex/Discov		arges 3% NCA (non cash nt fee for credit card purchases	
CC #		CVV#	Exp	Signature			
				GMHA Wheel Run ntact GMHA with a			

(802) 457-1509 or mperry@gmhainc.org



Waiver of Liability, Assumption of Risk and Indemnity Agreement

#### WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the 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. § 1039. (Added 1995, No. 136 (Adj. Sess.), § 2.)

#### GMHA Event/Activity:

ls 2 \_Date(s):

For and in consideration of Green Mountain Horse Association ("GMHA") allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a GMHA sanctioned, licensed or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities ("GMHA Event(s)"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any GMHA Event involves risks and dangers including, with-out limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the control of the GMHA Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the GMHA Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any GMHA Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any GMHA Event.

WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any GMHA Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: the Green Mountain Horse Association, Inc. (dba "GMHA") or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners, the sanctioning/licensing organization ( the "Released Parties of Event Organizers") free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse(s) used by me or the negligence of the person(s) in charge of such horse(s) and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horse(s) or attendants. I agree that if any harm occurs to me or my horse or to any equipment that I may use or intend to use, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the GMHA Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. I agree that as a condition of acceptance of entry, GMHA may use photographs, videos, and or other likenesses of the participant and horse taken while at GMHA for any reasonable purpose, including accident/incident/injury analysis, promotion, coverage, or the benefit of the event and/or of GMHA. I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident,

**COMPLETE AGREEMENT AND SEVERABILITY CLAUSE:** This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

SPORTSMANLIKE CONDUCT STATEMENT: I agree to: 1) Know the rules of my sport and abide by them; 2) Respect and abide by GMHA management's and show officials' decisions; 3) Maintain control of my emotions; 4) Be courteous to all at all times.

BY SIGNING BELOW, I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any GMHA Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim. I also, **agree** to be bound by all applicable Federation Rules and all terms and provisions of the Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

RIDER /	•	PLEASE CIRCLE: JUARDIAN / SUPPORT PERSON / GROOM / OFFICIAL / VENDOR / STAFF / VOLUNTEER
	* Typed font signatures are not acceptable. Plea	se use a "verified" eSignture platform or hand sign this form in blue or black ink.
X	Signature: Print Name:	Date
	Print Name:	
		ADDRESS:
participant a U.S. Citizen: Yes No		COUNTY OF RESIDENCE
024 GMHA V	Vaiver and Assumption of Risk Form (rev 1.1.2024)	PHONE:

#### PLEASE CIRCLE