

**APPLYING FOR A JHC SCHOLARSHIP (Please circle)?**

**YES NO** (go to [www.gmhainc.org/category/youth-scholarships/](http://www.gmhainc.org/category/youth-scholarships/))

**INTERESTED IN CATERED LUNCHES (Please circle)?**

**YES NO** (Menus & pricing sent out in May)



# Junior Horsemanship Clinic Entry Form

GMHA-JHC  
PO BOX 8  
SOUTH WOODSTOCK, VT 05071

OFFICE USE ONLY	
Date received:	_____
Amount Paid:	_____
CC or Check#:	_____
Scholarship Amt:	_____
Amount Due:	_____
<input type="checkbox"/> Ltd. or no trail/XC exp.	
<input type="checkbox"/> Elementary (18" - 2')	
<input type="checkbox"/> Starter (2'3")	
<input type="checkbox"/> Beg. Novice (2'7)	
<input type="checkbox"/> Novice (2'11")	
<input type="checkbox"/> Training (3'3")	
<input type="checkbox"/> Modified (3'5")	
<input type="checkbox"/> Prelim (3'7")	

**Opening Date: January 2, 2025 / Closing Date: April 18, 2025**

*\* Early Bird Discount honored if submitted by February 1st, midnight.*

Rider		
Name	DOB: _____	Age during camp: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City, State, Zip	
Primary Email for Communication	Primary Phone	
T-Shirt Size <input type="checkbox"/> XS/Youth L <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL (Please note: Unisex "adult" sizing only)	Have you attended JHC before? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when?
Pony Club Rating (if applicable):		
Parent/Guardian		Guardian/Chaperone *During JHC*
Name	Name	
Mailing Address	Mailing Address	
City/State/Zip	City/State/Zip	
Email	Email	
Cell Phone	Cell Phone	
Home Phone	Home Phone	
Work Phone	Relationship to Rider	
Best way to reach you during day:	Best way to reach you during day:	
Horse		
Name	Breed	Color
Horse/Pony Age	Height	Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding (Stallions not suitable for JHC)
Horse Owner Name		Same as <input type="checkbox"/> Parent <input type="checkbox"/> Rider
Address		Email
City, State, Zip		Phone
Required Paperwork		
<p><b>GMHA requires proof of NEGATIVE EIA/Coggins test and Rabies vaccination within 1 year of the end date of camp to bring a horse on the grounds. Rabies Titers accepted with Vet Note. As the entry deadline is before many horses/ponies have spring shots, it is not required to submit with this application. However, they do need to be submitted PRIOR to arrival day. NOTE: Horses living outside of Vermont need a <u>Veterinary Health Certificate within 30 days of event dates for interstate travel utilizing private or commercial hauling services.</u></b></p>		

**Interested in catered lunches (please circle)? YES NO**

(Cost is approximately \$18-\$20 additional per day (paid separately to caterer) - includes sandwich, dessert, chips, fruit, & beverage - vegetarian & gluten free options. Details & menu emailed 6-8 weeks prior to JHC - stay tuned!)

# JHC Fees & Payment Information

Fees			
8-Day Session	<b>\$980.00</b> <i>(\$950 early bird by Feb. 1st)</i>	Sun, June 22 - Sun, June 29	50% min. deposit required.
Early Arrival Stabling - on Saturday, 6/21 (place an "X" next to amount due):	_____ <b>\$35 GMHA Mbr.</b> _____ <b>\$50 Non-GMHA Mbr.</b>	Sat, June 21, 2025 (after 12 noon)	Please add to total due.

**Late Entry Fee of \$100 applies to all entries post-marked after Closing Date of April 18th (If space permits)**

Payment Information	
Check or CC	<ul style="list-style-type: none"> <li>50% deposit is due with the application, or pay in full.</li> <li>The remainder is due by April 18th. <b>Please submit the remaining balance via check by this date. If a credit card number is provided, it will automatically be run on, or after, April 18th. 3% NCA credit card processing fee applies for payments made via credit card.</b></li> </ul>
Scholarship Applicants	<ul style="list-style-type: none"> <li>\$250 w/ this application + apply on-line for a JHC Scholarship at <a href="http://www.gmhainc.org/category/youth-scholarships/">www.gmhainc.org/category/youth-scholarships/</a> (Award amount to be emailed by mid-May)</li> <li>Any remaining balance due by June 1st. <b>Are you applying for a scholarship? YES NO</b></li> </ul>

**Refund Policy - PARENT/GUARDIAN: PLEASE READ and acknowledge with your initials:**

- No refunds after entry closing date of April 18th (midnight), NO EXCEPTIONS.**
- REFUNDS prior to "closing date" ONLY in the case of a written medical or personal excuse for horse and/or rider less a \$100 scratch fee. Email notification is sufficient. Please allow 30 days for us to process your refund.** *I understand the terms of the Refund Policy - Please initial: \_\_\_\_\_*

Payment Method	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	<input type="checkbox"/> <b>Bill my Credit Card (AMEX/Discover/MC/Visa accepted - 3% NCA processing fee applies)</b> Credit Card # _____ Expiration _____ Signature _____ CCV _____
Amount enclosed/to be charged: \$ _____	Zip Code associated with credit card: _____

**Do you have experience riding out of the arena on the trail? \_\_\_ YES \_\_\_ NO**  
**Do you have experience trotting/cantering over cross country (XC) fences in an open field? \_\_\_ YES \_\_\_ NO**  
**What is the highest level you've jumped a course (in the arena, or out on XC) on a regular basis (Check one):**

- \_\_\_ Little to NO jump experience
- \_\_\_ Elementary Level (x-rails, 18" - 2')
- \_\_\_ Starter Level (2'3")
- \_\_\_ Beginner Novice Level (2'7)
- \_\_\_ Novice Level (2'11")
- \_\_\_ Training Level (3'3")
- \_\_\_ Modified Level (3'5")
- \_\_\_ Preliminary Level (3'7")

**\* Once you've submitted your application, please click the link/button on our web page to complete a questionnaire (available May 1st) about your riding level and experience by no later than June 6th.**

**\* All NEW applicants are required to submit a letter from their trainer stating the rider's ability and level in addition to filling out the on-line questionnaire as noted above.**

FOR OFFICE USE ONLY	
<input type="checkbox"/> Applicant/Horse/Family Info <input type="checkbox"/> ER Authorization <input type="checkbox"/> Current Coggins <input type="checkbox"/> Current Rabies <input type="checkbox"/> Trainer Letter for new applicants	<input type="checkbox"/> Applied for Scholarship <input type="checkbox"/> Scholarship Application Completed on-line <input type="checkbox"/> Rider Experience Questionnaire filled out on-line

**Email complete application to [jill@gmhainc.org](mailto:jill@gmhainc.org) or mail:**  
**GMHA-JHC**  
**PO Box 8**  
**South Woodstock, VT 05071**

**Confirmations will be emailed to the primary parent/guardian email address on file. The Welcome Packet posted on the website contains important information for your stay, please read completely.**  
**Reach out to Jill Bogert, JHC Director for more information at [jill@gmhainc.org](mailto:jill@gmhainc.org) (802) 457-1509**

(Revised 1.2.2025 - jnb)

# JHC Authorization for Emergency Medical Attention

I, \_\_\_\_\_ of \_\_\_\_\_  
 Parent/Guardian Address  
 am the \_\_\_\_\_ of \_\_\_\_\_  
 Relationship Child's Name

I understand that the sport of horseback riding is inherently dangerous and that serious injury or death can occur. I understand that participation in equine activities involves necessary risks.

I hereby appoint GMHA to act on my behalf in authorizing unexpected medical, dental, or surgical care, including transportation to an emergency room and hospitalization for said child in my absence. I authorize GMHA to grant consent to medical doctors and emergency staff to conduct the required tests and provide the necessary medical treatment/care to the above named child if I cannot be reached. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during camp dates.

I agree to pay for any such treatment and to reimburse GMHA for all costs and expenses it may incur related to such treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**It is crucial for the safety of your child to disclose any relevant health information to GMHA and JHC Staff. Please fill out the below section completely.**

RIDER MEDICAL INFORMATION	
Name	Date of Birth
ALLERGIES and/or MEDICAL CONDITIONS	
Medications <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list:	
<input type="checkbox"/> My child's Tetanus Toxoid injection is up to date <input type="checkbox"/> It is not currently, but will be updated prior to camp	
Do you give GMHA and it's staff permission to administer over-the-counter medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is permitted to treat with medication? Check all that apply: <input type="checkbox"/> Self-Medicare <input type="checkbox"/> EMT/Medic on duty (camp hours) <input type="checkbox"/> Camp Director/Staff <input type="checkbox"/> Will make arrangements w/Chaperone(s) before/ after-camp hours.
Insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which state?
Insurance Provider and #	
Other insurance ID #	Other insurance
Subscriber name(s) on insurance	
EMERGENCY CONTACT INFORMATION	
Name _____	Day Phone _____ Evening Phone _____

**GMHA provides an EMT on grounds during mounted hours of JHC.**



# 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: **GMHA Junior Horsemanship Clinic (JHC)** Date(s): **June 22 - 29, 2025 +/- early arrival &/or late departure dates**

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 man-made 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, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

**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 entry blank 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.

### PARTICIPANT/APPLICANT IS - PLEASE CIRCLE:

**RIDER / DRIVER / COACH / TRAINER / PARENT / LEGAL GUARDIAN / SUPPORT PERSON / GROOM / OFFICIAL / VENDOR / STAFF / VOLUNTEER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Parent/Guardian Signature (for minors under 18): \_\_\_\_\_  
Print Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
COUNTY OF RESIDENCE \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_

Is participant a U.S. Citizen: \_\_\_ Yes \_\_\_ No