

Steve Lantvit Clinic Application

March 1-3, 2019

Illinois State Fairgrounds
801 Sangamon Ave
Springfield, IL

Enjoy the unique opportunity to ride with a nationally renowned clinician while enjoying the Illinois Horse Fair.

Clinic Package Includes:

- Entry Pass(es) for days of clinic (**NOT good for Saturday evening show**)
- Clinic Session(s)
- Q/A Session(s)
- 1 Horse Stall (with 3 day clinics).
- Shared tack stall (limited private stall available).

Just a friendly reminder, dogs are NOT allowed in the Vendor Display Buildings or in the stables at the Illinois Horse Fair by Illinois Department of Public Health requirements and for safety concerns of our other attendees, unless they are a certified service animal.

While dogs may be man's best friend, he's not always a horse's – no matter how well behaved your dog is!

Private Tack Stalls – see space reservation form – available for purchase with your package.

Important: *If additional stalls are used for a horse, or if bedding or manure is put in Tack stall, then the full commercial stable price will be charged.*

Required Paperwork

- Current Negative Coggins required (12 months) on all horses.
- Health Certificate and Entry Permit Number required on out-of-state horses (www.agr.state.il.us/AnimalHW/equinereq.html)
- Signed liability release forms for all equine riders/handlers.
- Paperwork to be presented before unloading.

Shipping-In Schedule (call for other arrangements)

- Thursday 9am – 9pm
 - Friday morning 7am – 8am
- Detailed instructions will be sent prior to the start of Illinois Horse Fair.

NOTE – Street access is restricted during IHF days!

Exit Schedule - Registrants must remain fully present and stalls decorated until closure of IHF on Sunday afternoon. Penalties for non-compliance.

Tack, animals, equipment may not be sold from stabling area.

For more information contact:

Phone: 217/689-4224, 1

Email: ihf@horsemencouncil.org

Web: www.illinoishorsefair.com

Note – Camping is available at the fairgrounds!



Clinic Registration

Complete and mail to:

Illinois Horse Fair, PO Box 13374, Springfield, IL 62791



Received	
Stall	

Owner Name		Phone	
Rider's Name		Rider's Age	
Address		City	
Email		State	
Stabling Request		Zip	
Description of Riding Skill/Horse Skill			

Clinic Registration & Stall Rental	Breed		Mare		Stallion		Gelding		Foal	
	Name of Horse:									
	Required: Negative Coggins within 12 mos. of March 5th on all horses; Health Certificate for out-of-state horses.									
	Clinician/Clinic Topic					No.	Price Each	Total		
	Steve Lantvit: \$700 for all 6 sessions, \$400 for 3 sessions (every effort will be made to follow your order of interest)						\$400/\$700			
	Please mark the order of interest in the topics below:									
	Communicate Naturally: ____									
	Negotiating Trail Obstacles: ____									
	Achieving Softness in the Bridle: ____									
	Understanding the Footfall Patterns, Part 1, Walk & Trot: ____									
	Understanding the Footfall Patterns, Part II, Canter: ____									
	Foundation on Neck Reining: ____									
	Pine Bedding (per bale)						\$9			
	HCI basic membership (optional)						\$25			
	NOTE – Horse Stall and shared tack stall included with all 3 day clinic registration. All horses brought onto grounds MUST have a stall. Additional horse stalls						\$90			
Private Tack Stall upgrade (No horses allowed in these stalls when paying Tack rate; otherwise user is subject to full rate)						\$45				
Credit Card Fee: 5% on all credit card charges										
Note: Passes – (2 mega passes included per horse)										
Purchase additional tickets on-line @ www.illinoishorsefair.com										
						Total				

PAYMENT METHOD (Check, Credit Card or money order accepted. \$35 fee for returned checks.)	
I wish to pay a 50% deposit. Balance due by 2/15/19	\$ _____
I wish to pay in full.	\$ _____
Make checks payable to Illinois Horse Fair. For credit card payment form email ihf@horsemencouncil.org .	

AGREEMENT I hereby authorize the Illinois Horse Fair/Horsemen's Council of Illinois to reserve space for me. I agree to pay any remaining charges by 2/15/2019. The authorized signature on this contract signifies that I have read and understand the rules and regulations set forth by the Horsemen's Council of Illinois/Illinois Horse Fair for participation in this event and agree to abide by the same.

Exhibitor's Signature _____

Date _____

IHF Exhibit Director's Signature _____

Date _____



2019 ILLINOIS HORSE FAIR



RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

The undersigned Participant/Spectator/Visitor/Guest/Attendee (collectively "Participant"), on his/her own behalf and as the Parent(s)/Legal Guardian(s) of a minor Participant, for good and valuable consideration, agrees to the following terms and conditions of this Release, Waiver, Hold Harmless, and Indemnification Agreement ("Agreement"):

1. Assumption of Risk and Waiver: Participant understands and accepts the risks of engaging in equine activities and merely being near a horse, mule, or pony (collectively "equine"), including: (i) The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them;(for example, jump, run, kick, buck, bolt, spin, rear up, strike, or bite); (ii) The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals, or other things (for example, kick, buck, bolt, spin, rear up, strike, or bite); (iii) Certain hazards such as surface and subsurface conditions; (iv) collisions with other equines or objects; (v) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. Participant understands the resulting injuries, death, and property damage that may result from the accepted risks of engaging in equine activities or just being near an equine, that equines are powerful and have the potential to be dangerous, even without warning, and that the risks listed in this Agreement are just a sampling and Participant is not relying on Released Parties (as defined below) to list all possible equine-related risks. Participant therefore agrees, on his/her own behalf and on behalf of his/her minor Participant, that he/she understands the risks and dangers inherent in equine activities and agree to assume them on his/her own behalf and on behalf of minor Participant, to at all times to be responsible for his/her personal safety, remain financially responsible for his/her medical expenses, and waives his/her right to any claims arising from his/her participation in or observation of any equine activities, being near an equine, or mere presence on the property of The Illinois Department of Agriculture, the Illinois Horse Fair, and Horsemen's Council of Illinois (collectively "Facility").

2. Release, Hold Harmless, Indemnification: Participant agrees to release and hold the Facility, Horsemen's Council of Illinois, Illinois Horse Fair, and their respective owners, managers, officers, directors, members, partners, subsidiaries, affiliates, agents, attorneys, assistants, representatives, assigns, volunteers, employees, independent contractors, trainers, and others acting on their behalf (collectively "Released Parties"), harmless for any illness, injury, death, damage, or other loss incurred by Participant unless caused by Released Parties' gross negligence or wanton and willful misconduct. Participant agrees to indemnify Released Parties against injuries and damages sustained or suffered by any third party, whether caused by Participant directly or indirectly, and which includes reimbursement of Released Parties' attorneys' fees.

3. Governing Law and Time Limitation: This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the federal or state court in Sangamon County, Illinois. The parties hereto hereby submit to the jurisdiction and venue of the Court for such purpose. Participant agrees that any and all claims and/or causes of action, for injury, death, property damage, or other claims or losses by Participant, on his/her own behalf and/or on behalf of a minor Participant, against the Released Parties, must be brought within one (1) year of the date they accrue.

4. Attorney's Fees: Participant agrees to reimburse Released Parties for any and all attorneys' fees and costs incurred by Released Parties in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of action involving, or in any way relating to, Participant.

5. Participant Certification: Participant certifies that he/she has read this entire Agreement and understands, agrees, and intends on his/her own behalf, and on behalf of his/her minor Participant, spouse, heirs, agents, representatives, relatives, successors, and assigns, to be bound by all of the terms and conditions contained herein.

WARNING: UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES

Horse Fair Activity: _____

Date: _____

Signature: _____

Signature: _____

Participant signing on own behalf and as Parent/Legal Guardian if Participant is a minor

Parent/Legal Guardian if Participant is a minor

Printed Name: _____

Printed Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____

____ Signature: _____
Date Participant signing on own behalf and as
Parent/Legal Guardian if Participant is a minor
Printed Name: _____
Address: _____
Phone: _____

Add'l Parent/Legal Guardian if Participant
is a minor
Printed Name: _____
Address: _____
Phone: _____