



**Old Dominion Region  
HB/HA Prep Clinic  
February 18, 2012  
HoofBeats Therapeutic Riding Center @  
Virginia Horse Center Lexington, Va.**

To: Old Dominion Region's Members eligible to test to the HB & HA rating in 2012  
From: **Karen Lanning and Katie McNeil, Rockbridge Hunt PC**  
Subject: HB/HA Prep Clinic  
Date: February 18, 2012  
Place: HoofBeats Therapeutic Riding Center @ Virginia Horse Center Lexington, Va.  
Clinician: **Kim Cranford & Darryl Buschling, National Examiners**

**The HB portion of the clinic will be set up as a mock test reviewing weakest areas including strategy.**

**The HA portion of the clinic will cover important sections of the HA as well as developing a strategy for a successful rating.**

**In both preps, we will email registered candidates requesting their input on specific portions of the test they feel they need additional help. We will also send out assignments that will need to be completed prior to the prep. Candidates will be expected to come prepared for this prep.**

The clinics are for those eligible to rate to the HB and HA rating in 2012. The clinics will be limited to 20 participants and registrations will be accepted on a first come basis, so please register early for a spot. The HB prep clinic is for those eligible to rate to the HB rating in 2012 (**C2, age 13 or above on 1/1/2012**). If fewer than 20 C2s (aged 13 and over) register, then the HB clinic will then be opened to those C1 members who are at least age 13 on 1/1/2012. C1 members who are at least age 13 as of 1/1/2012 should register by the closing date and will be placed on a waiting list and will be notified shortly after the clinic closing date. There will be a full refund of clinic fees for those C1s who are not accepted into the HB clinic.

For the HA prep clinic, those eligible to rate for the H-HA applicants must be HB and age 16 on 1/1/2012.

**Closing Date (to be received by): January 18, 2012**

*Send Clinic Registrations to:*

**Karen Lanning, 146 Spring Farm Road, Lexington VA 24450  
540.463.6491**

**Clinic Fee:**

**HB: \$65 for ODR members; \$75 for members of other regions**

(check payable to ODRPC, personal checks are accepted)

Fee includes: Full day clinic along with snacks, lunch and drinks

Refunds only if space can be filled, minus a \$20 administrative fee

(no administrative fee for C1s who register by the closing date, but space is not available).

**HA: \$40 for ODR members; \$50 for members of other regions**

(check payable to ODRPC, personal checks are accepted)

Fee includes: Half day clinic along with snacks and drinks

Refunds only if space can be filled, minus a \$20 administrative fee

**Tentative Schedule: HB schedule from 8:30 to 4:30 (12:30 – 1pm lunch)**

**HA schedule from 12:30 to 4:30**

**Lodging:** A block of rooms have been reserved for Friday night, February 17<sup>th</sup>, at the Best Western Plus Inn at Hunt Ridge in Lexington. The rate is \$74.99 + 11 % sales tax. To make your reservation please call 540.464.1500 and tell them you are with the Old Dominion Region Pony Clubs. The cut-off date for the block price is January 18<sup>th</sup>. Please be advised that a parent or adult will need to make the room reservations and confirm with a credit card. Link to hotel web site: <http://bestwesternvirginia.com/hotels/best-western-plus-inn-at-hunt-ridge>

**Forms needed:** Clinic registration form (attached); Hoof Beats waiver form; USPC Medical Card in armband; and chaperone form, if parent is not going to be present.

**Directions to Hoof Beats Facility:**

Hoofbeats Therapeutic Riding facility is at the back of the Virginia Horse Center. From the entrance to the VHC, go past the barns, through the campground area behind Wiley Arena. Continue go down a road through a grove of trees. At the bottom of the hill, keep left on the main road and the Hoofbeats facility is front of you.

We hope you will take advantage of this HB and HA clinic to help you prepare for your rating. If you have any questions, call me at 540.463.6491 or email me at [kelanning98@gmail.com](mailto:kelanning98@gmail.com)

We are looking forward to seeing many of you at this clinic!



**Old Dominion Region  
 HB/HA Prep Clinic  
 February 18, 2012  
 HoofBeats Therapeutic Riding Center @  
 Virginia Horse Center Lexington, Va.**

Name: \_\_\_\_\_ Present Rating: \_\_\_\_\_ **HB or HA Clinic (circle one)**

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

**Best phone # to use:** \_\_\_\_\_ **Email:** \_\_\_\_\_

(be sure to note the phone and email address that you use most often so that any further information after the closing date can be sent directly to you)

Name of adult who can be contacted during this clinic: \_\_\_\_\_

Phone number to contact this adult during clinic: \_\_\_\_\_

Are you planning to test in 2012? \_\_\_\_\_ Test rating \_\_\_\_\_ Date of Test: \_\_\_\_\_

What section(s) of the HB or HA test worry you the most, please be specific. \_\_\_\_\_

Virginia Statement of Inherent Risks: Inherent risks of equine activities include, but are not limited to, the following: The propensity of an equine to behave in dangerous ways which may result in injury to the participant, the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and hazards of surface or subsurface conditions. It is agreed that the Organizers of the Old Dominion Region HB/HA Prep Clinic, its officials, all clinicians, facility and owners, and the Old Dominion Region, will not be held liable for any loss, accident, injury, illness to horses, clinic participants, attendants, spectators or any other person, corporation or property whatsoever. I hereby give permission for me/my child to participate under this agreement.

\_\_\_\_\_  
 Signature of participant if 18 or older Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian Date \_\_\_\_\_

Chaperone: Please note that it is the parent responsibility to make all arrangements with another adult to be responsible for their child for transportation to and from this clinic and for lodging at night. The Old Dominion Region or the organizers of this clinic assume no responsibilities for clinic participants during times of transport and overnight lodging.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please enclose with this registration form, due no later than **Wednesday, January 18, 2012:**

- 1) **\$65 (\$75 if out of region)** for HB prep or **\$40 (\$50 if out of region)** for HA prep (check payable to ODRPC).
- 2) Hoof Beats Waiver
- 3) Chaperone Duty Form

**Send to:** Karen Lanning, 146 Spring Farm Road, Lexington VA 24450

Office use: Check # \_\_\_\_\_ Hoof Beats Waiver: \_\_\_\_\_ Chaperone Duty Form: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**  
**Virginia Horse Center Foundation DBA Virginia Horse Center**  
**Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force**

I am aware that horseback riding, hunting, riding to hounds and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act 3.1-796.130 through 3.0-796.133 of the Code of Virginia, 1950, as amended, which state in part: "(i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions." The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by a representative of the Virginia Horse Center Foundation and Virginia Equine Center Foundation, heretofore known as the "Virginia Horse Center", Lexington, Virginia. Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their agents, employees, members, officers, directors, and staff, for my own safety or for the safety of my minor child. With the knowledge of the foregoing, and as an inducement for the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force to allow me to ride or participate in clinics on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horses. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on Virginia Horse Center property. Furthermore, I agree to indemnify the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force, their employees, or participants, for any injury, death, loss, or damage to any personal property which might occur during an equine activity as defined by 3.1-796.130 of the Code of Virginia, 1950, as amended, or social functions sponsored by the Virginia Horse Center, Hoofbeats Therapeutic Riding, Inc. and Blue Ridge Horse Force or held in our behalf or for our benefit, when such injury, death, loss or damage occurs on their property.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE VIRGINIA HORSE CENTER, HOOFBELTS THERAPEUTIC RIDING, INC. AND BLUE RIDGE HORSE FORCE AND PARTICIPANTS, OR EMPLOYEES OVER WHOSE LAND I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE VIRGINIA HORSE CENTER, HOOFBELTS THERAPEUTIC RIDING, INC. AND BLUE RIDGE HORSE FORCE AND EMPLOYEES OVER WHOSE LAND I RIDE, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Name: \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_