



# Twin Oaks Valley EQUESTRIAN ASSOCIATION

HORSE HERITAGE CONSERVANCY 501(c)(3)

## COMMON GROUND CLINIC

**Time:** Equestrian Check-In: 30 minutes prior to session  
**Day:** Sunday, May 4, 2025  
**Location:** Walnut Grove Park, 1950 Sycamore Drive, San Marcos, CA 92069

**RSVP by 4/25/25 to:** [patty@pathfinderfarm.com](mailto:patty@pathfinderfarm.com)

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

### Schedule:

\*\*\* PLEASE CIRCLE SESSION \*\*\*

#	Time	Session
1	8:30 - 10:30am	Angie Taylor/Dressage
2	10:30am - 12:30pm	Lou Roper/Horse Understanding
3	1:00 - 3:00pm	Sarah Baldwin/Hunter Jumper
4	Part or All Day	Audit (bleacher seating)

\$65 per session	Quantity = _____	Total: \$ _____
\$10 stall reservation (opt)	Quantity = _____	Total: \$ _____
\$40 per audit	Quantity = _____	Total: \$ _____
<b>GRAND TOTAL:</b>		Total: \$ _____

**For all participants:**  
**Lunch and TOVEA annual membership included**

**Become a Twin Oaks Valley Equestrian Association (TOVEA) member!**

\_\_\_\_\_ \$25 Individual    \_\_\_\_\_ \$50 Family    \_\_\_\_\_ \$250 Silver Lifetime    \_\_\_\_\_ \$500 Gold Lifetime

Please make checks payable to: **TOVEA**

### Liability Waiver:

I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding my horse. I also knowingly assume all risks, whether known or unknown, of participating in this Clinic as an auditor or spectator. I release Twin Oaks Valley Equestrian Association (TOVEA), Horse Heritage Conservancy (HHC), Angie Taylor, Lou Roper, Sarah Baldwin, host facilities and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. I waive, release, and discharge TOVEA, HHC, Angie Taylor, Lou Roper, Sarah Baldwin, host facilities and sponsors, and their agents and employees, representatives, heirs, executors and assigns, from any and all claim or liability for injury to myself, my animals or my property arising out of my participation in this clinic. This agreement is binding on my executors, heirs and assigns. I agree that I will defend, indemnify, and hold harmless TOVEA, HHC, Angie Taylor, Lou Roper, Sarah Baldwin, host facilities and sponsors, and their agents and employees against all claims, demands and causes of action including court costs and actual attorney fees arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability and know and understand its contents; or this release is made on behalf of a participant under the age of 18. If the participant is under 18, I am one of the parents of such minor or the duly appointed legal guardian of such minor, and as such entitled to make this entry for and on behalf of such minor.

**Signature of Participant/Auditor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_