



**Double L Stables**

2201 E. Hickory Hill Rd  
Agyle, TX 76226  
817-470-3895



**Ironwood Ranch, Maui Fundraising Clinic with Shannon Slyfield  
September 3, 2023**

Shannon’s experience USEF/USHJA hunters and hunt seat equitation “r” judge. Shannon has shown up to 1.50. Shown/trained 3 foot to high performance hunters and international derbies. Students have competed up to High Junior Jumpers/Junior Hunters/A/O 3-3’-3’6 hunters/national derbies. Short stirrup adult/children hunters. Opportunity divisions.

**Costs:** \$80 no haul in fee must provide your own tack. 2-3 riders needed to fill a group. If a group is not filled, times will be adjusted accordingly and sent out ahead of time. Riders must wear breeches, a collared shirt, boots, helmet and preferably gloves. All proceeds will be donated to Ironwood Ranch in Maui. If you cannot participate but wish to donate please visit: <https://ironwoodranch.com>. Thank you!

Please circle the appropriate group you wish to participate:

- |                                   |                           |                                 |                                   |                                 |
|-----------------------------------|---------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <b>Group 1</b><br>8 AM 3’3”-3’6”  | <b>Group 2</b><br>9 AM 3’ | <b>Group 3</b><br>10 AM 2’6-2’9 | <b>Group 4</b><br>11 AM 2’3”-2’6” | <b>Group 5</b><br>12 PM 2’-2’3” |
| <b>Group 7</b><br>1 PM CROSSRAILS | <b>Group 8</b><br>Poles   |                                 |                                   |                                 |

Rider’s Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Payment method: CC# \_\_\_\_\_ Visa MC Discover

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Payment will be charged one week in advance of the clinic. If you do not show, there is no refund. Participants have until the week before the clinic to drop out or they will be charged 100% on August 27, 2023. Please send registration form with signed waiver to: Double L Stables LLC, 2201 E. Hickory Hill Rd, Argyle, TX 76226 or email: [michelle@DoubleLStables.com](mailto:michelle@DoubleLStables.com)

Waiver and Release

I understand that horseback riding is considered a dangerous adventure sport and recognize that my child could be injured or even killed while participating in a summer horse camp. I recognize this risk and expressly assume this risk. In exchange for allowing my child to participate in the summer horse camp, I agree to release and hold harmless Double L Stables LLC, its owners, managers, staff, trainers, employees and volunteers for any injury or property damage that might occur while attending the camp. I understand and agree that this means that I may not bring a claim against Double L Stables LLC, , its owners, managers, staff, trainers, employees and volunteers if my child is injured while participating in the camp. I further agree to indemnify Double L Stables LLC, its owners, managers, staff, trainers, employees and volunteers for all damages and expenses incurred by them if my child were to bring suit for damages for injuries after my child reaches the age of majority.

I acknowledge that I have on this day also signed and agree to abide by the terms of Double L Stables LLC's separate General Liability Release.

In the event of accident or injury, I give Double L Stables LLC staff and/or management permission to seek medical attention for my child named above.

**WARNING**

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES, INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR, RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

This agreement is subject to the laws of the State of Texas.

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

Printed Name \_\_\_\_\_

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

Printed Name \_\_\_\_\_