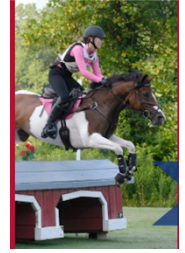




## 2026 EPA C+ Prep Clinic Registration Form Saturday, June 13 – Sunday, June 14



The EPA Region is hosting a special overnight clinic at Fair Hill Natural Resource Center to help pony clubbers prepare for a C rating and higher. Designed to provide personalized feedback from an accomplished USPC National Examiner, this clinic will feature small group lessons on Flatwork, Grids, Bandaging (all 3 topics on Saturday) and extended XC jumping lessons on Sunday. We also have a guest speaker to learn more about the importance of saddle fit, and a carriage driving demo Saturday evening. Family members are welcome to join all unmounted activities.

Our clinician, Courtney Waskiewicz, from Defying Gravity Eventing ([dgevingting.com](http://dgevingting.com)) is a Pony Club A graduate, certified USPC National Examiner and high school educator. Our families really enjoyed her for the EPA 2024 and 2025 clinics.

**Where:** Fair Hill Natural Resource Center, “Equestrian Camping” barns. Approximately 4500 Telegraph Road, Elkton, MD, 21921. Look for “Entrance #2 and see maps in Appendix. Fair Hill is part of the Maryland state park system, and more info available: <https://dnr.maryland.gov/publiclands/Pages/central/fairhill.aspx>

### Two -part Registration:

- 1) **Please register for the instruction portion on Strider.com by June 1<sup>st</sup>.** We only have spots for 12 riders, so don't delay.
- 2) **Please mail your stabling and camping registration to Julia Shaw at 150 Hipkins Road (see attachments) postmarked by June 1.**
  - a. **Fair Hill International Wavier**
  - b. **USPC Eastern PA Region Liability Release and Code of Conduct Waiver**
  - c. **Stabling and Camping Form and check made out to EPA region**

**Who is invited?** All current EPA USPC members with ratings D3 and higher. Clinic participants under the age of 18 need a parent or documented chaperone to be on-site at all times. Adult participants need to share emergency contacts.

**Overnight accommodations:** Parent or Chaperone is responsible for participants' and horses' safety

- Park tent spots and camper spots w electric can be reserved (restrooms & showers are onsite)
- Local hotels are in the area or if you are close-by, you can go home for the night.
- Horses are welcome to stay overnight in their stalls, or they can go home overnight if you prefer.

**Meals:** We are glad to organize a group dinner Saturday where eat family pays for their own meal. Bring your own breakfast, lunch, snacks, drinks.

**Safety:** All clinic participants must wear a Medical Arm Band or Medical Bracelet all day while at the clinic (on arm when riding, can be attached to clothing other times of day).

**BIOSECURITY measures.** We are very attentive to biosecurity risks. We ask that you monitor your horses' temps starting three days before the clinic and record the results on the MD Equine Exhibitors form (on page 8).

**Cost:** The EPA region is subsidizing this clinics to help our members have an opportunity to prep for upcoming ratings. Saturday's instruction is fee \$90. Sunday's instruction fee is \$90. Participation on Saturday is required to be eligible to rider Sunday.

Any questions? Feel free to email Julia Shaw, [Juliaccshaw@gmail.com](mailto:Juliaccshaw@gmail.com).

## 2026 EPA C+ Prep Clinic Registration Form

### Saturday, June 13 – Sunday, June 14

**We are grateful to the many volunteers** who will make this event a success. Please pitch in if you can.

Things to bring:

Organizers strongly recommend that all horse and participant equipment be labeled with at least the person's last name.		
	Required	Recommended
<b>Horse Items</b>	Filled out USPC stall card and feed chart- attach to stall door at the Barns	Consider starting your horse on electrolytes before you leave home. It will be hot; some horses do not drink much away from home.
	Paper (or emailed) copy of horse's Coggins (within 12 mo)	Flu/ Rhino vaccine within 6 months
	Something to confirm Current Rabies immunization	Please have a farrier appointment soon before the clinic. We will not have a farrier on call.
	Completed <i>Equine Exhibitors Self Certification of Animal Health</i> , (page 8 of this form) Start monitoring your horse's temperature and condition 3 days before you leave home. Please do not come to camp if your horse has symptoms. We will refund with a vet's note.	
	Fly spray, Horse thermometer, petroleum jelly	Other first aid items
<b>Stall gear</b>	2 water buckets + a top off bucket, baling twine and double ended snaps for hanging water buckets on the boards in the stalls	Fans optional. If you bring a fan, bring a step ladder and duct tape to route the extension cord above the doorframe and along the wall to the outlet.
	Straw bales for bedding (straw is the only approved bedding at Fair Hill)	
	Your horses feed and feed tub (hay can be in the aisle; concentrates should be stay in your trailer)	
	Stall cleaning equipment.	Tarp for moving bedding out of stall on Tuesday afternoon to the manure pile
All stalls will need to be broom clean by 3pm Sunday June14. Any stalls left dirty will need to be cleaned by the organizers (!) and a \$50 fee per stall will be charged to the club involved (!!).		
<b>Participant items</b>	Armband or approved bracelet	Combination lock to secure tack stall overnight
	Closed toe protective shoes (paddock boots) required when you are working with your horse.	Sneakers ok other times of the day, waterproof boots for wet grass or cleaning stalls NO OPENED TOES SHOES OF ANY KIND PERMITTED (INCLUDING PARENTS)
	Your helmet, tack and equipment	Spare equipment as you have them (just in case something gets lost or broken)
	Sunscreen, water containers	Chair, tent as desired.
	Any special foods or snacks that you need to be happy	Participants are welcome to use bikes as long as they wear helmets, closed-toe shoes, yield to horses, and let their chaperones know where they are going.
	Appropriate shirts (no sleeveless)	
No scooters or golf carts are permitted at Fair Hill Natural Resource Center.		



**2026 EPA C+ Prep Clinic Registration Form**  
**Saturday, June 13 – Sunday, June 14**

**Mail this page to  
 Julia Shaw (1 of 4)**

Who's coming? 😊

Participant Name	Current Rating	Age (if minor)	Chaperone name + cell phone #
1)			
2)			

Horse care is the responsibility of the person who brings them to the camp. There is no clinic staff in the barns. Please send a Coggins sheet with registration packet for each horse. Each horse will need a completed stall card & on the stall doors at the barn during the clinic.			
Horse's Name on Coggins (\$Stalls 15 per night) Stall reservations run from 3pm to 3pm the next day.	Age/ Gender	Color	Horse Owner's Name and Cell phone #
1)			
2)			

<b>Stabling and Camping Reservations</b>			
	Qty		Total
Number of Stalls for Friday night (June 12) 3pm Friday to 3pm Saturday		@\$15 each (bedding not included) Bring your own straw	\$
Number of Stalls for Saturday night (June 13) 3pm Saturday to 3pm Sunday		@\$15 each (bedding not included) Bring your own straw	\$
Number of RV camping spots Friday night		\$35 each	\$
Number of RV camping spots Saturday night		\$35 each	\$
Number of tent camping spots Friday night		\$20 each	\$
Number of tent camping spots Saturday night		\$20 each	\$
<b>TOTAL</b>			<b>\$</b>
For the packet: Please Mail paper copies to <b>Julia Shaw</b> <b>150 Hipkins Road</b> <b>West Grove, PA 19390</b> <b>Postmarked by June 1.</b>		Things to include in the envelope	
		This page (page 1 of 4)	
		Coggins form for each horse	
		Chaperone Form (page 2 of 4)	
		EPA Wavier- one waiver for each family	
		FHI Wavier- one waiver for each participant, signed by an adult (p 4 of 5)	
	Check Made out to "EPA Region"		

# 2026 EPA C+ Prep Clinic Registration Form

## Saturday, June 13 – Sunday, June 14

**Mail this page to  
Julia Shaw (2 of 4)**

### Chaperone Form

*To be completed by the chaperone and turned in with the rally entry for USPC members below the age of majority*

**Chaperone duties shall include:**

1. The primary function of the “Official Chaperone” is to ensure that there is a contact person for each USPC member below the age of majority, on the grounds for the duration of the event.
2. If the Official Chaperone must leave the grounds during the event, they must delegate the chaperone duties to another responsible adult, making it clear that they are to respond to clinic organizers and any participants in your absence.
3. Be present and available to event organizers for the duration of the competition.
4. Being in contact with parents/guardians (if not yourself) during the event.
5. Being in contact with your participants and their parents/ guardians outside of competition hours.
6. Be familiar with the Horse Management Handbook. Rulebooks available for download from [www.ponyclub.org](http://www.ponyclub.org).
7. Be aware that USPC members are required to wear a current, up to date USPC medical card/bracelet on their arm at all USPC activities.
8. Be familiar with the effects of heat and humidity and the potential risk for heat related illness. Take an active role in helping to keep all your participants well hydrated and take every opportunity to encourage water breaks.
9. Uphold USPC Substances and Weapons Policy which prohibits the inappropriate or illegal use of any substance, including but not limited to drugs or alcohol, by anyone participating in any manner. Weapons of any kind are forbidden. Refer to About/About the Organization/By-Laws, Policies and Resolutions on [www.pony club.org](http://www.pony club.org) for the full policy statement.
10. Remember that administration of medications is the sole responsibility of the parent/guardian.

**I have read and understand the duties of a Chaperone as listed above.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Minor you are Chaperoning	Are you the Chaperone on Friday, June 12?	Are you the Chaperone on Saturday, June 13?	Are you the Chaperone on Sunday June 14?

2026 EPA C+ Prep Clinic Registration Form  
Saturday, June 13 – Sunday, June 14

Mail this page to  
Julia Shaw (3 of 4)

**USPC EPA Region Liability Release and Code of Conduct Agreement – 2026**

**For Clinic participants and their support people, a family can fill out 1 waiver form**

**Pony Club Member Name(s):** \_\_\_\_\_,

**Parent Name(s)** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_,

**Parent Email:** \_\_\_\_\_

**Is the participant over 18?** \_\_\_\_\_yes \_\_\_\_\_ no

**If no, Chaperone name** \_\_\_\_\_ **Chaperone Cell** \_\_\_\_\_

I also agree to follow all rules for Fair Hill Natural Resource Center.

RELEASE: I understand that this is a high risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the USPC Pony Club Regional Officers, volunteers (including hosts), and suppliers, judges, and affiliated parties from all liability for negligence resulting in accidents, damage, injury, or illness to myself and my property, including the horses or horses which I brought to this rating. (Parent or guardian must sign if participant is under 18.)

Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

The undersigned further agrees to hold harmless, indemnify, and save the Released Parties from any and all claims, demands, losses, damages, and liabilities for indemnities, contribution, or otherwise with respect to any damage and/or injury of any type arising from participation in the activities.

In consideration of this entry being accepted and permission to participate in this event being granted, I, the participant or the parent/legal guardian of the participant, certify that I am over eighteen (18) years of age.

I, intending to be legally bound, hereby, for myself and my heir, executors and administrators, wave and release any and all rights I may have against the sponsors, officials, contributors, organizers, landowners, volunteers or beneficiaries of USPC Pony Club Eastern Pennsylvania Region, for any injuries, loss or damages suffered at this event.

**Printed Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

# 2026 EPA C+ Prep Clinic Registration Form

Saturday, June 13 – Sunday, June 14



2026 COMPETITION YEAR

## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of Fair Hill International (“FHI”) allowing me, the undersigned, to participate in any capacity (including as a rider, owner, coach, official, trainer or volunteer) in a FHI event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities; 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”**):

**A. 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 FHI 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 manmade 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 immediate control of FHI Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers (**“Risks”**).

**B. 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 FHI 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 FHI 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 FHI Event.

**C. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY:** In conjunction with my participation in any FHI Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: FHI members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any FHI Event; any charity or other beneficiary which may benefit from the FHI Event; the owners, managers, or lessors of any facilities or premises where a FHI Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (**Individually and Collectively, the “Released Parties” or “Event Organizers”**), 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 FHI Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

**D. 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.

**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 FHI 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.

\_\_\_\_\_

Print Participant Name

\_\_\_\_\_

Participant Signature (or parent/guardian if minor)

Date



Print this form and bring it with you to the Fair Hill Barns. One for each horse.

Equine Exhibitor's Self Certification of Animal Health

I, the undersigned, hereby verify the following: (Parent or guardian must sign for children under age 18)

- 1. I am the owner/authorized caretaker/transporter (circle as applicable) of the equine identified on the current, valid, "Equine Infectious Anemia" (Coggins) document.
2. I understand that any equine showing any signs of or having recent exposure to, contagious or infectious disease are not permitted to enter the fair/show premises. These conditions include but are not limited to the following:
- SKIN: Visible evidence of skin infections (bacterial or fungal) with particular emphasis on ringworm.
- HEAD: Discharge from the eyes or nose which is excessive in amount or opaque (yellow or white in color) as opposed to the normal clear nasal discharge commonly seen after exercise.
- RESPIRATORY: Signs of infectious respiratory disease such as fever, coughing, labored breathing, increased respiratory rate and nasal discharge.
- INTESTINAL: Evidence of diarrhea which is watery and/or persistent in nature and more profuse than a looser stool which could be attributed to diet or nervousness.
- FEET: Horses exhibiting any type of unsoundness are already excluded from showing by the rules governing horse for shows.
- OTHER: Recent exposure to, or clinical signs of, any contagious or infectious disease conditions that would exclude equine from exhibition.
3. I have read and understand the above guidelines.
4. I have visually examined the equine I am presenting for exhibit.
5. I agree not to present for exhibition any equine showing any signs of contagious or infectious disease, or having any known recent (21 days) exposure to any contagious or infectious disease.

Date of inspection: Number inspected Signature Printed Name Event (Parent or guardian must sign for children under age 18)

Date of inspection: Number inspected Signature Printed Name Event (Parent or guardian must sign for children under age 18)

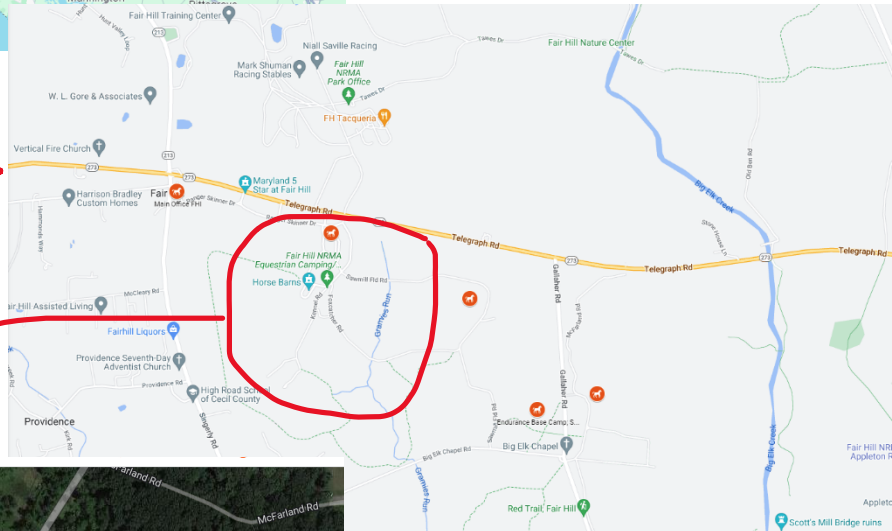
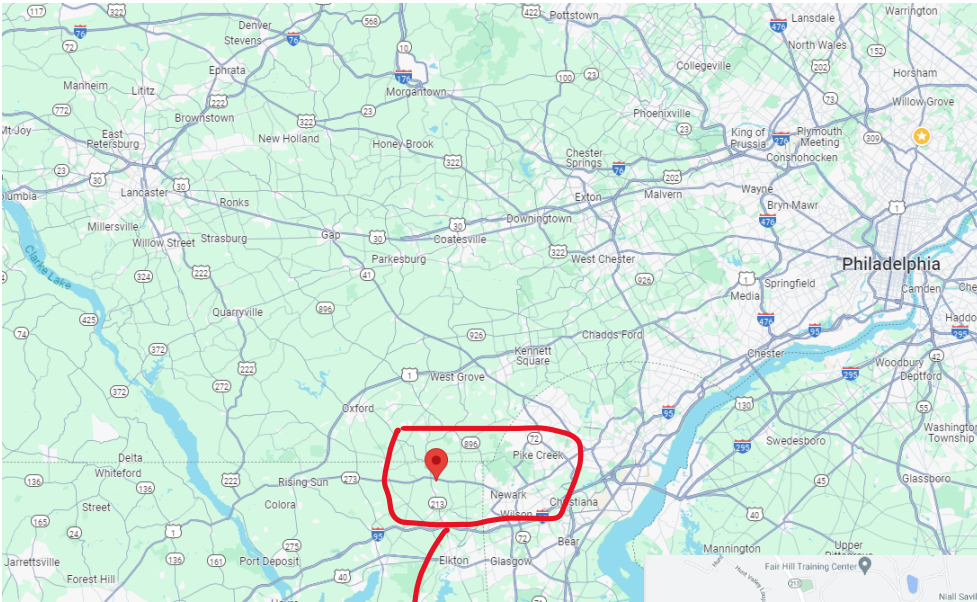
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# 2026 EPA C+ Prep Clinic Registration Form

## Saturday, June 13 – Sunday, June 14

General info about location. Roughly 4500 Telegraph Road, Elkton, MD.





# Stall Card

Club or Center/Region: \_\_\_\_\_

Rider Name(s): \_\_\_\_\_

Mount's Name: \_\_\_\_\_

Competitor Number(s): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Certification(s): \_\_\_\_\_

Vital Signs at Rest: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

**List competitor information for ALL riders using mount.**

Stable Vices: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Emergency Contact Information

Chaperone: \_\_\_\_\_

List any medications: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Picture or Physical Description of Mount

Veterinarian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Farrier: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## For Adult Members Only

Adult Competitor Phone Number: \_\_\_\_\_

Adult Emergency Contact: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_