



2026 EPA D Clinic Registration Form Saturday, June 27 – Monday, June 29



You and your pony club family are invited to spend two+ days with a fabulous volunteers and instructors at the beautiful Fair Hill Natural Resource Center. The clinic's goal is to create educational and fun experiences for pony clubbers of all ages, as well as for parents and volunteers. Instruction will include flatwork, grids, and rating-appropriate jumping. D3's are eligible to have lessons on the XC course. We also have a guest speaker to learn more about the importance of saddle fit, Horse Management games and more!

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 12th.** 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 12.**
 - 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**

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

Who is invited? For lessons: All current EPA USPC D members, families and friends. 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.

Family horses are invited and Family trail rides Saturday are encouraged. Horses can be shared, too, with owner's permission.

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: Group lunches & dinners optional. If someone in your group has dangerous food allergies, pls BYO.

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 D members have an opportunity to learn more about overnight rallies, and ride "away from home." Instruction fee is \$180 per rider (on Strider).

Stabling, Camping and meals are additional costs as explained in the attachment. Any questions? Feel free to email Julia Shaw, Juliaccshaw@gmail.com.



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Things to bring:

Organizers strongly recommend that all horse and participant equipment be labeled with at least the person's last name.		
	Required	Recommended
Horse Items	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.	Any plastic mounting blocks would be a plus. Also hoping a few people can bring some plastic jumping blocks
	Fly spray, Horse thermometer, petroleum jelly	Other first aid items
Stall gear	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 Monday afternoon to the manure pile
All stalls will need to be broom clean by 3pm Monday June 29.. 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 (!!).		
Participant items	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.		





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**Mail this page to
Julia Shaw (1 of 5)**

Mounted instruction Participant Name	Current Rating	Age (if minor)	Planned Rating by June 27	Chaperone name + cell phone #	Name of horse	If D-3 interested in XC lesson Monday? (Y/N)
1)						
2)						
3)						
4)						

Optional Activity: We are planning to offer D-1 and D-2 certifications to interested members with their parent and DC approval. Please see ponyclub.org for the test sheets.					
Name:	D-1 HM only	D-1 HM and riding	D-2 HM only	D-2 HM & Dressage	D-2 HM & Eventing
1)					
2)					

Horse care is the responsibility of the person who brings them to the camp. There is no clinic staff in the barns. A tack stall is provided for every 3 horses. 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 (\$40 per horse)	Age/ Gender	Color	Participating in Lessons? (Yes/No)	If Yes, name(s) of riders	Horse Owner's Name and Cell phone #
1)					
2)					
3)					
4)					

Parent/ Sponsor Volunteers Name	Call Phone #	Participating in Sunday Trail Ride (Yes/No)	Able to give a D-1 rating?	Comfort Level w Horse Activities (Low/Med/High)
1)				
2)				
3)				



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Mail this page to
 Julia Shaw (2 of 5)

Stabling, Camping and Meals.... please complete this page for everyone in your family/ group...

	Qty		Total
Number of Horses (horses can be shared with parent & horse owner's approval)		@\$40 each (bedding not included) cost for 1 stall + 1/3 of a tack stall for 2 nights (from 3pm Saturday to 3pm Monday)	\$
Number of D3's who would like their Monday lesson to be on XC course		@\$20 each.	\$
Meal Plans: (2 dinners, 2 lunches, snacks. BREAKFAST ON YOUR OWN)			
Meal Plan for Adult+ Child combo		@\$50 each	\$
Meal Plan for Children (under 18)		@\$20 each	\$
Meal plan for an Adult		@\$30 each	\$
Camping options (bathrooms on site with running water and showers)			
Number of RV camping spots Sat night		\$35 each	\$
Number of RV camping spots Sun night		\$35 each	\$
Number of tent camping spots Sat night		\$20 each	\$
Number of tent camping spots Sun night		\$20 each	\$
		TOTAL	\$
Are you bringing any special equipment? Plastic jumping blocks, etc?		I can bring _____ And _____	
Packet Checklist			
For the packet: Please Mail paper copies to Julia Shaw 150 Hipkins Road West Grove, PA 19390 Postmarked by June 12.		List of who's coming (p 1 of 5)	
		This page (page 2 of 5)	
		Coggins form for each horse	
		Chaperone Form- one form for each family (pages 3 of 5)	
		EPA Wavier- one waiver for each family, signed by each adult (p 4 of 5)	
		FHI Wavier- one waiver for each participant, signed by an adult (p 5 of 5)	
		Check Made out to "EPA Region"	

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**Mail this page to
Julia Shaw (3 of 5)**

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.
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 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 Saturday, June 27?	Are you the Chaperone on Sunday, June 28?	Are you the Chaperone on Monday, June 29?



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Mail this page to
Julia Shaw (4 of 5)

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/ Adult Name(s) _____ **Cell Phone:** _____,

Parent/ Adult Email: _____

Is the participant) over 18? _____ yes _____ no

If no, Chaperone name _____ **Chaperone Cell** _____

If you are a volunteer, Name of your Participant: _____

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: _____

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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)

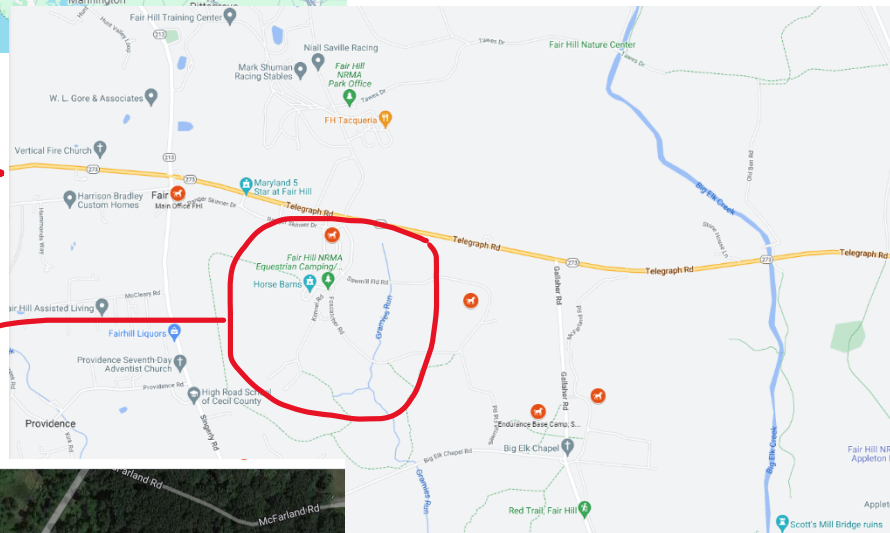
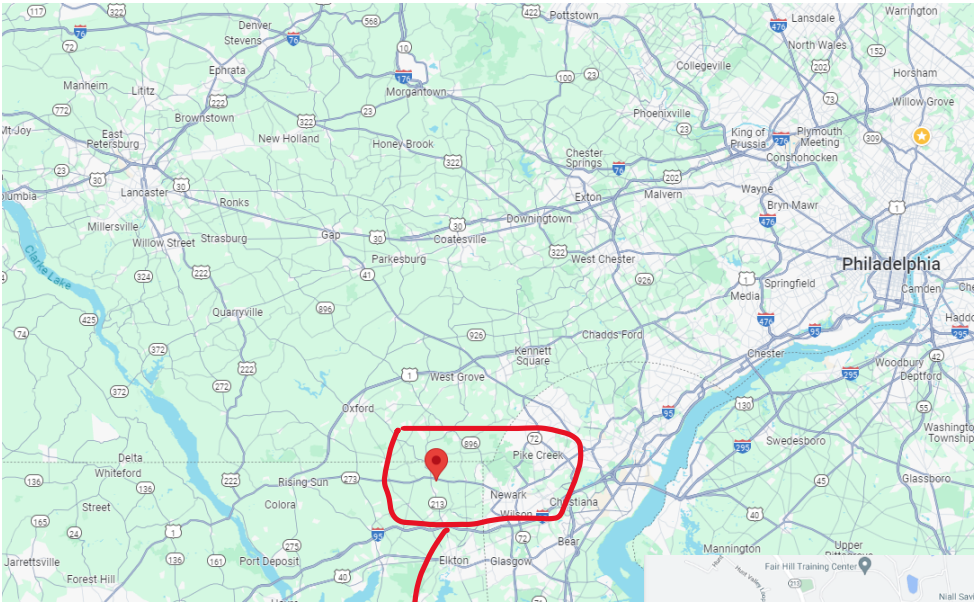
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(Parent or guardian must sign for children under age 18)

Date of inspection: _____ Number inspected _____ Signature _____
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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: _____



Feed Chart

Mount's Name: _____ Stall Number: _____ Team: _____
(if available)

Rider's Name: _____ Rider's Number: _____

	AM Feeding	PM Feeding	Other Feeding
Concentrates/Grain			
Roughage/Hay 1 flake = _____lbs			
Supplements			
Form of Salt (circle)	Block or Loose	~	In Feed or Alone

Medication Details