



Cross Country Clinic with Boyd Martin.

Hunt Club Farms Presents : **Cross Country Clinic with Boyd Martin** **April 1 2018 .**

The top-placing US rider at both the 2014 Alltech FEI World Equestrian Games in Normandy, France riding Shamwari 4, and the 2010 WEG in Lexington, riding Neville Bardos; and a member of the 2012 US Olympic Team, Boyd Martin is one of the leading event riders of today. His horse Trading Aces also competed at the 2014 WEG with Phillip Dutton in the irons.

In addition to representing the USA, Boyd has enjoyed international competitive success, finishing 7th in the world in 2014, and in the top ten at every four-star in the world: Rolex Kentucky CCI4* (USA); Pau CCI4* (France); Boekelo CIC4* (the Netherlands); Luhmuehlen CCI4* (Germany); the World Equestrian Games (USA and France); and Burghley CCI4* (England). He has trained and competed a long list of successful four-star event horses including Flying Doctor, Brady Bunch, X- Treme, Starkey, Orchard End Winston, True Blue Toozac, Ying Yang Yo, Neville Bardos, Rock on Rose, Remington XXV, Otis Barbotiere, Trading Aces, and Shamwari IV. After overcoming great adversity including a devastating barn fire and the deaths of his father and father-in-law in 2011, Boyd and Neville made an amazing comeback to finish 7th at Burghley, the toughest event in the world. Boyd finished 2011 ranked 8th on the HSBC World Rankings, Neville Bardos was named the 2011 International Horse of the Year by the USEF, and The Chronicle of the Horse named Boyd its 2011 Overall Rider of the Year. He was again Rider of the Year for 2014. Winner of The Wellington \$75,000 Eventing Showcase.

Clinic format one day 5 to 6 riders per group, approximately an hour and a half per group. Cross country techniques using schooling fences and gymnastic exercises cross country fences.



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Negative coggins required within 12 months. Cancellations accepted before March 22, 2018-refunds less \$25. Auditors pass may be purchased day of clinic. advance payment is not necessary. USEA Safety Rules apply .

Riders Name: _____

Riders Address: _____

Cell Phone: _____ Email: _____

Horse's Name: _____

Highest level horse has competed (eventing) _____

Highest level rider has competed (eventing) _____

Groups offered BN___ Novice___ Training_____ Prelim_____

\$170 Clinic Fee _____

Stabling on grounds \$50 per horse. _____

\$25 Auditors Fee _____

Total Enclosed _____

Make checks payable to Hunt Club Farms :
Send Entry to:
294 Longmarsh rd Berryville Va 22611
Contact info: Tracy Zack Cell (703) 431-1621
Email: Tracy.zack@yahoo.com
www.huntclubfarms.net

5. The Participant hereby authorizes and consents to any emergency medical care which may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice to the Sponsor/Professional.

6. To the extent possible, this Agreement shall be construed in such manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

7. If this Agreement is executed by the undersigned Participant for and on behalf of a minor Participant named below, the undersigned Participant hereby warrants and represents that he/she is, in fact, the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his heirs, personal representatives, successors and assigns; and the undersigned Participant further agrees that this Agreement shall also be as fully binding on the undersigned Participant as if it were entered into solely on his own behalf.

8. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant.

9. I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL, ANY OWNER OR THE EQUINE ACTIVITY SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Participant's Name: _____

Address: _____

Date: _____

Signature
(To be signed by parent or
legal guardian if Participant
is under 18 years of age)