



## HILLTOP FARM, INC.

# NORTH AMERICAN STALLION TESTING & LICENSING

EAST COAST SITE ~ HILLTOP FARM

OCTOBER 18-20, 2021

*\* Currently event is limited to 4 participants per stallion and no spectators. Re-evaluation will occur based on covid developments closer to time\**

LOCATION	CONTACT	LOCAL HOTELS
Hilltop Farm 1089 Nesbitt Rd Colora, MD 21917 www.hilltopfarminc.com	Holly Fisher Phone: 410-658-9898 (ext. 112) Fax: 410-695-3535 Email: inspections@hilltopfarminc.com	Holiday Inn (North East, MD) 410-287-0008 Comfort Inn (North East, MD) 410-287-7100 Best Western (North East, MD) 410-287-5450

### FACILITIES

**Stabling-** Permanent 12 x 12 box stalls with solid dividers. Stalls are bedded on shavings and have automatic waters.

**Equipment Storage-** Limited storage will be available in main barn. Specific location TBD.

**Indoor & Outdoor Arenas-** Both arenas (indoor and outdoor) are 80' x 200' with sand/felt blend footing.

**Free Jump Chute** – Stallions participating in the licensing held at the conclusion of the Sport Test may be required to free jump depending on age, discipline, and registry requirements. Free jumping practice will not be available prior to the licensing.

**Round Pen-** 60' uncovered roundpen with sand/felt blend footing available adjacent to the indoor arena for lunging.

**No camping or dogs permitted on grounds.**

### GENERAL CARE

**Feeding** - Due to each stallion's unique routine, all feedings will be the stallion owner's responsibility.

**Stall Cleaning** - Hilltop staff will clean stalls and re-bed with shavings daily.

**No Turnout** - Turnout will not be available during your visit.

### VENDORS

**Food-** Currently no food service is available on property. This will be re-evaluated closer to event as covid restrictions develop.

**Handling-** Hilltop does not offer stallion handling services, but we may be able to connect you with a local handler.

**Braiding-** Twisted Equestrian: [www.facebook.com/pg/TwistedEquestrian](https://www.facebook.com/pg/TwistedEquestrian)

**Video/Photos-** services will be available with registration on-site.

### PAPERWORK REQUIREMENTS

#### Prior to Arrival

- **Negative Coggins (EIA)** dated within 12 months of the conclusion of the testing
- **Flu/Rhino Vaccination Certificate** within 180 days (but not within 7 days) of the testing dates
- **Equine Viral Arteritis (EVA) Testing** via blood draw required within 30 days of the start of the testing, or if a stallion is vaccinated for EVA, then proof of the initial negative testing and subsequent annual vaccinations is required. Stallions that are sero-positive and do not have a complete record of initial negative testing and annual vaccinations must have semen tested to prove non-shedder status within 30 days of the start of the testing.

#### On-Site

- **Current Veterinary Health Certificate** for stallions coming from outside the state of MD
- **Original registration papers** or breed registry passport

Please remember to mail your Stallion Testing Registration Entries (separate from Hilltop forms) directly to the Sport Test Office. Forms are available on-line at [www.stallionsporttest.com](http://www.stallionsporttest.com). Contact each registry directly for requirements if you would like to present your stallion to that registry for possible approval.

Note: this process is separate from the Stallion Sport Test.



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## STALLION REGISTRATION

### HORSE INFO

Stallion Name:					
Discipline Focus:		Age:		Breed:	
Sire:		Dam:		Dam Sire:	

### EVENT SERVICES

**Test Stabling (10/17-10/20) \$500-** stabling includes shavings, daily stall cleaning, and limited tack storage space. Additional stabling dates may be available upon request. Please contact Hilltop directly for special date requests.

**Licensing Stabling (10/19-10/20) \$125-** for stallions participating in the licensing only (included for stallions participating in the testing). Stabling includes shavings, daily stall cleaning, and limited tack storage space.

**Stallion Licensing (10/20)-** Optional licensing at the conclusion of the Testing. If desired, select the registries you would like to present to below. Registries listed are only tentative and subject to change dependent on registry availability. Owners must contact each registry prior to the licensing to ensure stallion meets eligibility requirements. Registry contacts can be found at [www.stallionsporttest.com/stallion-owner-information](http://www.stallionsporttest.com/stallion-owner-information).

American Hanoverian Society  
 American Rhineland Studbook  
 American Trakehner Association  
 Hanoverian Verband  
 Holsteiner Verband  
 International Sporthorse Registry

KWPN-NA  
 Oldenburg N.A.  
 Oldenburg Verband (GOV)  
 Weser-Ems  
 Westfalen NA

### CONTACT INFO

Owner Name:		Rider Name:	
Owner Phone:		Rider Phone:	
Owner Email:		Rider Email:	
Owner Address:		Rider Address:	

### PAYMENT

### SEND TO

Total Amount:		Hilltop Farm   Holly Fisher 1089 Nesbitt Rd, Colora, MD 21917 <a href="mailto:inspections@hilltopfarminc.com">inspections@hilltopfarminc.com</a> P: 410-658-9898 (ext. 112) F: 410-695-3535
Payment Method		
Credit Card#:		
Name on CC:		
Exp Date:		
CVC#:		
Signature:		

*\* Cancellation Policy: Refunds for stabling will be given minus a \$20 office fee and sent by check \**



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## EMERGENCY INFORMATION & CONSENT

Name of Horse: \_\_\_\_\_

List any known allergies, medical conditions, or behaviors: \_\_\_\_\_

\_\_\_\_\_

### Owner Information:

Owner's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Decision Maker:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Insurance information:

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone number to report claims & emergencies: \_\_\_\_\_

Insured for:  Mortality  Surgery  Major Medical  Loss of Use

### Consent to Treatment: (Please complete the following)

1. In the event that my horse is ill or injured, and I cannot be reached, I hereby consent to emergency medical care for my horse in the best judgment of the treating veterinarian until such time as I can be reached and consulted, where the estimated cost of **the treatment does not exceed** \$\_\_\_\_\_.
2. This consent **(please select preference)** include euthanasia if in the judgment of the veterinarian that is the only humane treatment and my horse has little or no prospect for recovery.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



## PARTICIPANT EMERGENCY INFORMATION & CONSENT

*This form should be completed for anyone – owner, rider, groom, etc. – who will be onsite at Hilltop.*

### Participate Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to Participate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Consent to Treatment:

In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding medical care, or my child is injured or becomes ill and I cannot immediately be reached, I hereby consent to such emergency medical treatment as is deemed necessary and prudent by a licensed medical professional until such time as I regain consciousness or until the contact person designated above can be reached and consent to or decline treatment on my behalf. I accept financial responsibility for all costs of medical care.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Information:

Birth Date: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Plan/Policy Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_



## **EXPRESS ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

This Express Assumption of Risk, Release of Liability, Waiver of Claims and Indemnity Agreement (the "Agreement") is entered into by the undersigned in favor of Hilltop Farm, Inc., JCM-WB, Inc., their officers, directors, owners, employees, agents, including guest clinicians and instructors, any of their successors in interest, as well as the owners of any horses that may be ridden or handled by me or my child at the premises known as Hilltop Farm, located at 1089 Nesbitt Road, Colora, Maryland, (collectively the "Released Parties" and each a "Released Party"). In consideration for my or my child being permitted to participate in Equestrian Activities, including but not limited to riding, training, boarding, grooming, handling horses, participating in instruction and/or clinics, or observing others doing any of the above activities ("Equestrian Activities") at Hilltop Farm or at equestrian related events with the Released Parties away from Hilltop Farm, with or without supervision, as well as being permitted to use lodging and other facilities at Hilltop Farm, I acknowledge and agree as follows:

**1. Acknowledgment, Assumption of Risks:** I acknowledge that horses can be unpredictable animals and fully realize that there are certain dangers inherent in Equestrian Activities, including the risks of property damage, personal injury and even death. I understand that neither my horse's actions, nor the actions of any other person or animal can necessarily be controlled, and that my or my child's safety and that of my horses and other property cannot be guaranteed while participating in Equestrian Activities. I understand that injuries and harm may result from working with and around horses from a variety of causes, including the acts or omissions of other persons, domesticated or wild animals, weather, ground conditions, loud or sudden noises and other causes not necessarily predictable. I recognize that even with careful handling, even the best trained horses can and often do react rapidly and in unpredictable ways to stimuli and even for no apparent reason at all. I realize that this waiver refers to and covers events that may take place after the signing of this document, and that the exact nature of any injury or loss I might suffer as a result of my or my child's participation in Equestrian Activities or our presence at Hilltop Farm may not be entirely foreseeable.

Understanding the risks involved in owning a horse and having it handled by others, and the risks of riding and handling horses, I voluntarily choose to participate in Equestrian Activities or allow my child to participate in Equestrian activities and to be around horses, and KNOWINGLY AND VOLUNTARILY EXPRESSLY ASSUME THE ASSOCIATED RISKS, INCLUDING THE RISK OF INJURY AND DEATH, WHETHER CAUSED BY THE RISKS INHERENT IN EQUESTRIAN ACTIVITIES, THE UNINTENTIONAL NEGLIGENCE OF THE RELEASED PARTIES OR ANY OTHER CAUSE. I accept full and complete responsibility for the safety of myself, my child, any guests or observers accompanying me or present at my invitation, my horses and personal property, and I assume the risk of any damage or injury caused to others by my horse.

**2. Release and Waiver of Claims, Indemnification:** On behalf of myself, my heirs, successors in interest, guardians, legal representatives and assigns, I HEREBY RELEASE AND FOREVER DISCHARGE THE RELEASED PARTIES FROM ALL CLAIMS, ACTIONS, DEMANDS, RIGHTS, CAUSES OF ACTION AND LIABILITIES, IN LAW OR IN EQUITY, WHETHER MY OWN, MY CHILD'S OR DERIVATIVE CLAIMS, BASED UPON ANY BODILY INJURY OR DISABILITY, ILLNESS, DISEASE, DEATH, FINANCIAL LOSS, PROPERTY LOSS, DAMAGE, DESTRUCTION OR OTHER HARM OF WHATEVER NATURE, WHETHER FORESEEN OR UNFORESEEN, THAT MAY BE SUSTAINED OR SUFFERED BY ME, OR BY ANY OTHER PERSON AS A RESULT OF MY OR MY CHILD'S PARTICIPATION IN EQUESTRIAN ACTIVITIES OR THE ACTIONS OF MY HORSE, WHETHER CAUSED BY THE RISKS INHERENT IN EQUESTRIAN ACTIVITIES, THE UNINTENTIONAL NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, provided that nothing in this section 2 shall be deemed to release any Released Party from liability arising from their own willful or intentional cause of injury or damage.

I hereby agree that I, my heirs, successors in interest, guardians, legal representatives and assigns will not, either in my, my child's, or their own name, bring a claim against, sue, demand compensation from or attach the property or assets of the Released Parties for any loss or damage arising or resulting from my or my child's participation in

Equestrian Activities, from our presence at Hilltop Farm or from my horse receiving services from the Released Parties. I further agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, suits, demands, liabilities, damages, losses, costs and expenses, including but not limited to damages, attorney's fees and other costs arising from or in connection with the injury, illness or death of any person or the damage, destruction or loss of any of my or others' property which might result from my or my child's participation in Equestrian Activities, our presence at Hilltop Farm, or from the actions of my horses.

**3. Personal Property:** I agree that I am responsible for the security of my own personal property, including property I bring to Hilltop Farm or leave in the custody of the Released Parties, and that the Released Parties cannot guaranty the security of my property. I further understand that the Released Parties' property insurance does not cover my property.

**4. Invitees:** I agree that I will not permit any person accompanying me to ride or handle my horses or any other horse at Hilltop Farm or in the custody of the Released Parties unless such person has the permission of one of the Released Parties and has delivered to a representative of the Released Parties an executed version of this Agreement.

**5. Maryland Law, Jurisdiction:** Regardless of the location of the Equine Activities in which I participate, I acknowledge that the Released Parties and their business activities are based in Maryland, that the arrangement for any lesson, clinic or training session with the Released Parties in which I am participating or my horse is being ridden was made in Maryland, and I agree that the terms of this Agreement shall be governed by and interpreted according to the laws of the State of Maryland, the courts of which shall have exclusive jurisdiction over any matter arising hereunder. I specifically consent to the jurisdiction of the same. I UNDERSTAND THAT THE TERMS OF THIS AGREEMENT MEAN THAT I AM WAIVING CERTAIN IMPORTANT RIGHTS THAT I MIGHT OTHERWISE HAVE UNDER MARYLAND LAW.

**6. Severability:** I agree that this document is intended to be as broad and inclusive as is permitted by Maryland law. If any portion of this Agreement is determined to be invalid, illegal, unenforceable, or in conflict with applicable law, that portion shall be severable, and the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

**7. Representations and Warranties:** I hereby warrant that:

- a) I HAVE VOLUNTARILY EXECUTED THIS AGREEMENT OF MY OWN FREE WILL, WITHOUT DURESS OR PRESSURE FROM ANY PERSON.
- b) I UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.
- c) I HAVE READ THIS ENTIRE AGREEMENT CAREFULLY, AND I FULLY UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. MY SIGNATURE BELOW AND MY INITIALS ON THE PRECEDING PAGE ARE ACKNOWLEDGEMENT THAT I HAVE HAD AN OPPORTUNITY TO CAREFULLY READ THE ENTIRE AGREEMENT AND TO HAVE ANY QUESTIONS ANSWERED TO MY SATISFACTION.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

If signed on behalf of minor child, full name of the child: \_\_\_\_\_

Date of Birth of minor child: \_\_\_\_\_