



Brevard Equestrian Center Proudly Presents



Bereiter
Marius Schreiner
of Vienna's
Spanish Riding School
January 21-22, 2012

Details:

The **Spanish Riding School** in Vienna is the only institution in the world, which has practiced for over 430 years and continues to cultivate classical equitation in the Renaissance tradition of the *haute école*. Each rider at the **SRS** is assigned four to six stallions, which he trains and perfects in the maneuvers of the *haute école*. The rider and the horse remain together, forming a 'life-long team'. Riders are also involved in training of Student Riders, instructing them in the art of classical equitation.

Marius is very patient and kind, but exacting with regard to correct work being done. He does well with both amateurs and professionals; Training Level up to Grand Prix. He is very active during the lesson and gives continual feedback and instruction. Marius' English is excellent, he is very good at explaining what he is seeing, and what he wants to the rider to do or accomplish. Auditors really enjoy watching him because it's clear as to what he's seeing, working on, and explaining.

Cost*:

- Riders \$200/day
- Auditors:
 - \$25/day prepaid** (\$30 walk-ins)
 - \$15/day for Juniors <18 prepaid** (\$20 walk-ins)

**Deadline for Preregistration January 10th postmark

Facility:

- 20 x 60m sand and rubber covered dressage arena
- Shaded seating for auditors

Clinic Details:

- 30 minute focused private lessons
- Riders are responsible for warm-up and cool down on their own
- 10 lesson slots available/day
- Auditors welcome & encouraged
- Lesson options include:
 - lesson with Marius;
 - lunge lesson; and/or
 - horse schooled by Marius
- BBQ Social with Marius Saturday afternoon

- BBQ Social Saturday night:
 - \$10/rider
 - \$15/non-rider

Stabling Available Friday and Saturday nights

- \$10/Day for Day Stall
- \$20/Night for overnight

**Credit Cards Accepted with a 5% convenience fee

Dressage Clinic with
Bereiter Marius Schreiner
of the Spanish Riding School of Vienna

January 21-22, 2012

Must be postmarked by January 10th and must include payment and all paperwork including negative coggins within 12 months of clinic date.

Please make checks payable to and mail to:

Brevard Equestrian Center

4850 Old Dixie Hwy

Grant, FL 32949

Mastercard/VISA Accepted with a 5% convenience fee.

www.brevardec.com

321-960-2305

brevardec@aol.com

Rider Name: _____ Adult/Junior (under 18) _____

Address: _____

Email Address: _____ Phone Number: _____

Horse's Name: _____ Age: _____ Sex: _____ Neg Coggins Date: _____

Breed: _____ Level of Training: _____

Auditor Name: _____ Adult/Junior (under 18) _____

Address: _____

Email Address: _____ Phone Number: _____

Day(s) Riding: (please circle appropriate day) **Refunds only if space filled from waiting list**

Saturday January 21 / Sunday January 22 # of days _____ x \$200 = _____

Day(s) Stabling Required: (please circle appropriate day or night option)

Saturday- Day / Sunday- Day # of days _____ x \$10 = _____

Friday- night / Saturday- night # of nights _____ x \$20 = _____

Saturday 23 Evening Social w/Marius (Rider): Yes / No 1 x \$10 = _____

Day(s) Auditing: (please circle appropriate day) **Sorry no refunds for preregistered auditors**

Saturday January 21/ Sunday January 22 # of days _____ x \$25 = _____

Junior Auditors: # of days _____ x \$15 = _____

Saturday 23 Evening Social w/Marius (Non-Rider): Yes / No 1 x \$15 = _____

Auditor Walk-ins Welcome day of Clinic for \$30 (Adult) \$20 (Junior) Total Due: _____

Brevard Equestrian Center Release and Hold Harmless

I hereby agree to abide by all rules of Brevard Equestrian Center. I hereby also absolve Brevard Equestrian Center and all persons associated with Brevard Equestrian Center of any and all responsibility for any harm and/or injury and/or loss, regardless of cause and effect, which might be incurred by rider, person, animal, or property while at Brevard Equestrian Center. In case of accident, I will make no claim whatsoever against Brevard Equestrian Center, its officers, employees, contractors, volunteers, boarders, students, and/or owners.

The owner/rider/driver/handler and any of their agents or representatives acknowledge that they participate voluntarily in riding, grooming, boarding, and all equine activities not listed expressly in this document and are aware that horse sports and the events surrounding horse sports and equine activities involve inherent dangerous risk, and by participating they expressly assume any and all risks of injury and loss.

The signers of this document desire to engage in equine activities sponsored by Brevard Equestrian Center. The signers hereby forever and finally release, remise, acquit, satisfy, and forever discharge Brevard Equestrian Center, its officers, employees, contractors, volunteers, boarders, students, and/or owners of and from all manner of action and actions, cause of action, suit, debts, dues, sums of money, bonds, billing contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against Brevard Equestrian Center, its officers, employees, contractors, volunteers, boarders, students, and/or owners for the activities as stated above.

This document is meant to be a full and complete release from any and all liability that may arise from participation in any equine activity. This release is given freely and voluntarily by the signer and is meant to remain in existence throughout the duration of the signer's participation in equine activities.

Warning - Under Florida Law, any equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of the equine activities.

Dated this _____ day of _____, 201_____

Participant Signature _____

Print Participant Name _____

Legal Guardian Signature (If participant is a minor child) _____

Print Name of Legal Guardian _____

Street Address _____

City _____, State _____ Zip Code _____

Phone Number(s) _____ Email _____

Emergency Contact Information:

Name _____ Phone Number _____