



2026 USEA Horse and Rider Immersion Workshop August 14-16, 2026

Application Form

Twin Rivers Ranch, Paso Robles, CA

Rider Name _____

Horse Name _____

(if riding more than one horse, please complete a second form)

**Level at which you are currently
competing** _____

Clinic Level desired (Intro, BN, N, T, P, I, A) _____

Rider's Address _____

Rider's Email address _____

Rider's Phone/Cell _____

Rider's Emergency Contact _____

Cost of the camp is \$700 per camper/horse and \$580 for second horse. Limit two horses per camper

You must be a member of the USEA (except Intro riders) and the Area VI Adult Rider Program (all riders) to attend. Please check your status to ensure you're enrolled.

This amount includes three lessons (gridwork, stadium, xc) over three days. It also includes three nights stabling (Thursday, Friday, Saturday) grounds fees and camping fees. Finally, it includes meals: two dinners (Friday and Saturday), two breakfasts (Saturday and Sunday) and three lunches (Friday, Saturday and Sunday). Please note that lunch/dinner on Thursday are not included. Camp fun events during the evenings are also included! <https://useventing.com/membership/adult-riders>

Shavings: Shavings are not included in the cost of camp. Shavings are \$15.00 per bag. Please indicate below the number of bags you desire and include payment with your camp payment. Bags will be delivered to your stall prior to your arrival. If you require additional bags once you arrive at camp, please reach out to Connie Baxter directly.

conniebaxter6@gmail.com

Number of bags: ____ Total \$\$ to be included with camp payment: _____.

Please tell us who you would like to stable with – we will do our best to accommodate you. _____

Payment: You can pay by Venmo @Sharl-Talan (please include USEA Horse and Rider Workshop in description) or by check made out to Area VI Adult Rider and mail to Sharl Talan, 1280 Ladan Drive, Solvang, CA 93463

Schedule: Please help us create a schedule that works for you: Are you able to ride on Friday morning? Yes/No.

Will you be camping on site? Yes/No. If you plan to bring RV and require hook-ups, you must make reservations directly with Connie Baxter – conniebaxter6@gmail.com

Please complete and sign camp entry and release forms.

Thank you!

Please send the application and releases to: Sharl Talan via email

sharl.talan@gmail.com 805-551-4743, or mail hard copy to 1280 Ladan Drive, Solvang CA 93463

****Sorry, no refunds two (2) weeks from start of camp unless your spot can be filled from the wait list. Entire camp funds are committed to paying our fees to the venue and clinicians by this time.**



Release Form

For USEA Educational Activities & Schooling Shows

Name of Activity/Schooling Show: _____ **USEA**

Area: _____

Date(s) to be held: _____

Location: _____ **State:** _____

I have applied to participate in this USEA sponsored educational activity. I agree that my participation is subject to the Conditions in this release and to those set by the organizer of this activity, the regulations and requirements of the USEA, and, where applicable, the *U.S. Equestrian Federation Rules for Eventing*.

I agree to wear protective headgear when riding. When jumping, I agree to wear protective headgear passing or Surpassing the ASTM/SEI standards with harness attached that meets standards currently imposed by the *U.S. Equestrian Rules for Eventing*. I understand that the USEA mandates that all riders participating in cross-country activity wear body-protecting vests that meet or exceed current USEF rules and the wearing of an approved medical armband.

I understand that the sport of eventing is a high risk sport, and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is solely at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the propensity of equines to behave in ways which may result in injury, harm or even death to humans or other animals around or near them; the unpredictability of equine reaction to sounds, sudden movements, smells, and unfamiliar objects; persons or other animals; hazards related to surface and subsurface conditions; collisions with other equines or objects; and, the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participant or others, including failing or inability to maintain control over the animal. By participating in this activity **I agree** to assume responsibility for those risks, and **I release** and agree to hold harmless the activity organizer, organizing committee, officials, the USEA, USEF, their officers, agents, employees and the volunteers assisting in the conduct of this USEA educational activity and the owners of any property on which it is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse(s) which I may ride.

I understand and agree that the organizer of this USEA educational activity has the right to cancel this activity; to refuse any entry or application; to require and enforce the wearing of safety or other attire and the conduct of riders, horses, and visitors; and to prohibit,

stop or control any action during the activity deemed by the organizer to be improper or unsafe.

THIS FORM MUST BE FILLED OUT COMPLETELY AND SIGNED IF YOU WISH TO PARTICIPATE IN THIS ACTIVITY.

Participant's Name (Please

Print): _____

Address: _____

City: _____ **State:** _____

ZIP: _____

Phone: _____ **Cell Phone:** _____

Emergency Contact phone: _____

Fax: _____
Email: _____

Trainers Name (At this Event):

_____ **Phone:** _____

Number of horses I will be riding during activity (if applicable): _____

Level now riding (Check one if applicable):

Beginner Novice **Novice** **Training** **Preliminary** **Intermediate** **Advanced**

Check appropriate box:

I am a U S E A member and my number is
: _____

I am **not** a USEA member

I am **not** a USEA member. I wish to join and enclose my membership form and dues.

C h e c k h e r e i f p a r t i c i p a n t i s u n d e r 1 8 y e a r s o l d .

SIGNATURE: _____ **Date:** _____

(If Participant is under 18, Release must be signed by Parent or legal guardian, not by trainer or instructor. This Release form is valid only when signed personally by the participant. Signatures of all others, with the exception of a parent or guardian of a minor, will not be accepted in the event a claim is filed.)

Twin Rivers Ranch Release Form (Please sign in every time you ride)

Name of Rider: _____

Name of Parent: _____ **Email Address** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

1. The undersigned Owner/Rider/Student/Parent or Guardian shall abide by all rules and regulations of Twin Rivers Ranch. If I have not seen the rules and regulations it is my responsibility to find them.
_____ Initial here
2. The undersigned Owner/Rider/Student/Parent or Guardian shall assume all responsibility and risk arising out of engaging in or participating in equestrian activities at Twin Rivers Ranch. The undersigned Owner/Rider/Student/Parent or Guardian shall hold Twin Rivers Ranch, Whirlwind Excavating, Jeff and Connie Baxter, their agents and employees or any family members harmless from all damages or liability for and injury to person, injury to horse, damage to personal property or for wrongful injury or death caused by negligence. _____ Initial here
3. The undersigned Owner/Rider/Student/Parent or Guardian does for him/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Jeff Baxter, Connie Baxter their

agents and employees or any family member for any of said causes of action, whether the same shall arise by the negligence of any person or otherwise. (This means you will not sue us or any employee, agent or family member for any reason at any time even if we are negligent.) _____Initial here.

4. The undersigned will by signing this document promise to indemnify Jeff and Connie Baxter for any and all damages, verdicts, judgments, expenses, costs and attorney fees which they may incur in defending themselves against such claims. The undersigned will by signing this document promise to indemnify Jeff and Connie Baxter for any and all damages, verdicts, judgments, expenses, costs and attorney fees that they may incur in defending themselves against such claims even if Jeff and Connie Baxter are found guilty or negligent. _____Initial here.
5. The undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in equestrian activities and is fully aware of the legal consequences of signing the within instrument.

Rider Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____