



OFFICE: 610-444-6163
FAX: 610-444-5459

LOUISE SERIO: 610-636-0678
CHRISTINA SERIO: 484-432-0647

EMAIL:
ride@derbydown.com

Louise Serio Clinic

We are pleased to be holding a clinic given by Louise Serio at Derbydown on Saturday, May 2nd and Sunday, May 3rd, 2026.

The cost is \$175.00 per session per day or \$300.00 for both days, payable via check sent in prior to clinic, Venmo @Louise-Serio, Zelle or credit card (5% fee) in advance. Auditors are welcome for \$25.00 per day.

All horses must be on a regular and consistent vaccination program. Horses must have been vaccinated for EHV-1 and EHV-4 within the last six months and not shown symptoms, nor been treated or exposed to any horse that has been treated for EHV-1 or EHV-4 in the past month.

Please email a current negative coggins and EHV certificate within 6 months.

Name of rider: _____ Name of horse: _____

Address: _____

Please provide a brief description of you and your horse's experience:

All sections will 1.5 hours and will include flat work and jumping. We will limit the number of riders in each section.

Day 1 will be on the flat with gymnastics.

Day 2 flat and over fences with courses.

Please circle section: **Section 1- 9:00am – 10:30am, jumps 2' to 2'6"**
 Section 2- 10:45am – 12:15pm, jumps 2'6" to 3'
 Section 3- 1:00pm – 2:30pm, jumps 3' to 3'3"

Saturday after the clinic we will hold a round-table discussion. Professionals are welcome.

Stalls may or may not be available. If you need a stall, please let Sally know asap and we will try to accommodate. If available, dry stalls are \$40 per night. Please provide your own feed, bedding, and hay. You may purchase bedding and hay if needed.

All forms and payments must be submitted prior to the clinic. Please email this form back to ride@derbydown.com or mail to the above address, along with the attached release forms. Please email your coggins and EHV certificate before the clinic.

If you have any questions, please email Sally at ride@derbydown.com or call Sally in the office at Derbydown, 610-444-6163 or Louise at 610-636-0678.

We look forward to seeing you! Thank you so much.

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340 East Hillendale Road
Kennett Square, PA 19348

FLORIDA:
13265 11th Lane North
Loxahatchee, FL 33470



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**Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC Hold Harmless,
Board/Lesson/Clinic Contract
Release, Assumption of Risk and Indemnification Agreement**

Rider's/Owner's Name: _____
Parents' names, if a Minor: _____
Billing Address: _____

Phone Number: Home: () - - Work: () - -

Horse's Name: Stable: _____ Show: _____
Is this horse insured: YES NO, If yes list insurance company name, phone and policy number: _____

Date of arrival: _____
Previous Riding Experience: _____
List/Describe any preexisting health conditions: _____

Name and phone # of emergency contact person: _____

I (we) the undersigned have contracted with Derbydown, Inc./Louise Serio, Hillendale LLC, DDS & Hillendale LLC for board, a clinic and/or instructional riding purposes. It is understood and agreed that in no way are Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, the Management of Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC or the employees of Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC responsible or liable for any accident or injury or illness, including negligence, and exposure to COVID, which may result while the undersigned are at Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC. My (our) horse is in good health and condition and has received the EHV-1 and EHV-4 vaccination within the last 120 days. My horse has a current negative coggins.

In consideration of the use of Derbydown, Inc.'s, Hillendale LLC's, DDS & Hillendale LLC's, boarding and riding facilities, I (we) hereby voluntarily and knowingly release and discharge Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, its owners, management and employees from all claims, demands, actions, suits or causes (including all claims for personal injury or property damage) which may or do arise from the use of, or exposure to, any or all of the equipment, tools, horses, dogs, cats, pets and any other livestock and facilities located at or about the premises at 340 E. Hillendale Road, Kennett Square, Pennsylvania, regardless of such claim, injury or damage that may arise.

I (we) acknowledge that I (we) have requested the use of Derbydown, Inc.'s, Hillendale LLC, DDS & Hillendale LLC, horses, tools, equipment and facilities for my (our) own personal use and benefit. I am (we are) aware of and familiar with the risks associated with the use and misuse (by myself or others) of, and exposure to, horses, dogs, cats, or any other pet or livestock, tools, machinery, equipment and stable/barn conditions. In consideration of the unrestricted use and enjoyment of the horses, tools, equipment and facilities I (we) hereby voluntarily assume all of the risks associated and included but not limited to, using and exposing myself (ourselves) and my (our) horse, tack and equipment to those items and conditions, hereby agreeing to indemnify and hold harmless Derbydown, Inc., Hillendale LLC, DDS & Hillendale LLC, its owners, management and employees, their heirs, executors, administrators and assigns, from and against any and all suits, claims, demands, actions or causes, arising out of the use or misuse of, or exposure to, said items.

I (we) agree that should my (our) horse cause undue damage or destruction to the property, beyond the normal wear and tear that is expected, then I (we) shall be billed and responsible for the charges to repair or replace such property (ie: water bowl and/or feed tub destruction, excessive cribbing or kicking in the stall, barn or trailer).

It is also agreed that the rider will wear an ASTM approved riding helmet and riding boots at all times while mounted.

By signing this document I (we) indicate that I (we) have satisfactory insurance coverage against injury to, or loss of, persons, horses, tack and equipment. I (we) acknowledge that I (we) have read and understood this entire contract and are in agreement with all of its terms.

**WARNING
YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA/FLORIDA LAW.**

Derbydown Stables By: _____ Date: _/ _/ _

Owner/Rider/User: _____ Date: _/ _/ _
Parent or Guardian signature if rider is a minor

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