Smith Lilly Clinic
Clinic Reservation Form

Known and respected by his peers as a versatile and thorough horseman, Smith Lilly brings many years of experience training show horses to the pages of the best selling and highly acclaimed book "Saddle Seat Horsemanship," the most comprehensive and detailed study available on the subject. After developing his skills working under the direction of noted professionals Fred Sarver, Larry Barbee, Mitch Clark and Nelson Green, Lilly returned in 1995 to his family's Mercer Springs Farm, which he operates along with his wife, Alexandra, and mother, Sandy, as a public training stable specializing in American Saddlebreds. From their base in Princeton, WV, the Lillys have trained over 300 crowd pleasing world title holders in all divisions, including in-hand, junior and amateur riders, young horses and open grand champions. Smith is the only living trainer to win all three major American Saddlebred grand championships at the World's Championship Horse Show, and Mercer Springs is the only stable to win at least one class in every single performance division offered at the WCHS. While Saddlebreds are their specialty, the Lillys have experience working with many breeds, including Hackneys, Standardbreds, Morgans, Arabians, and Friesians.

Through their innovative Apprentice Trainer Program the Lillys have offered opportunity and education to over 40 aspiring young professionals. Ten of these young trainers won their first world title while working at Mercer Springs, and many more are now successfully operating their own stables at every level of the show horse industry. Also a believer in giving back to the sport, Smith is a former President of the United Professional Horsemen's Association (UPHA), former President of the American Saddlebred Horse And Breeders Association (ASHBA) and for 15 years served on the USEF Saddlebred Rules Committee. Alexandra and Smith are also sought after clinicians, giving several clinics per year in all regions of North America during the off season.

What: Smith Lilly Clinic for riders 6 years and Older

When: March 13-15, 2026
Friday will start at 11:00 a.m.
8:30 a.m. to 4:45 p.m.

Cost: $400 per rider (3 day clinic session, 2 lessons)
$60.00 day to audit

1. Max of 4 riders per 45 minute session, two riding sessions per rider. Additional riding sessions IF AVAILABLE, at an additional cost of $125.00
2. Participants are encouraged to participate in the full clinic.
3. Groups will be similar learning outcomes, riding styles and skill levels.
4. Adults and children will be put in age-appropriate groups, with ability being considered.
5. Children must be six years of age and be able to ride in a group setting.
6. All participants must sign a release/waiver upon registration.
7. Auditors are welcome! You must be a pre-paid registered auditor.

Rider's name: _____

E-mail Address: _____ Phone number: _____

Address: _____ City/State/Zip _____

Bringing saddle? _____Yes _____No If no, what size saddle do you use? _____

Please mark time slots requested (at least three, we will pick one—Friday will start no earlier than 11:30)

_____8:30 TO 9:15 AM	_____10:45 TO 11:30 AM	_____1:00 TO 1:45 PM	_____3:15 TO 4:15 PM
_____9:15 TO 10:00 AM	_____11:30 TO 12:!5 PM	_____1:45 TO 2:30 PM	_____4:00-4:45 PM
_____10:00 TO 10:45 AM	Lunch 12:15 TO 1:00 PM	_____2:30 TO 3:15 PM	

Mail fees and forms to:
Palos Hills Riding Stables, Inc.
10101 S Kean Avenue
Palos Hills, IL 60465

Or e-mail:
phrsinc@aol.com

Questions? Call:
(312)213-6195

Zelle:
Martha Hoyt
(312)213-6195

Coffee and doughnuts will be served in the morning and a nice buffet lunch in the afternoon.

Clinic Questionaire—

Please answer the following questions as accurately as possible so we can maximize our time together.

Name_____

Hometown _____Barn Affiliation_____

E-mail address_____Phone Number_____

Please circle age group: 10 and under, 11-13, 14-17, 18-30, 40-50, 50 and over

Please circle your experience level: Beginner, Advanced Beginner, Intermediate, Advanced

Breed participation: _____

Please circle your style of riding: Show or Pleasure

Please circle your divisions of interest: Equitation, Performance, Driving, Huntseat, Western

Favorite Horse of All Time: _____

Most enjoyable horse event _____

_____

Least favorable horse event _____

_____

Do you have any health challenges that influence your ability to participate fully in horse sports? If so, please describe

_____

_____

Please list skills that you hope to gain by participating in this clinic. Do you have a specific goal to address?

_____

_____

_____

Thank you for taking the time to share this information with us!

Additional Comments:

PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, 2026

Release, Indemnification, and Waiver of Liability (Waiver)

In conformity with the Illinois law, Equine Liability Act, PA 89-111, effective in Illinois since 1995. This below release is a document that a person signs before taking control of an equine from the owner or owner's agent. A signed release acknowledges that the person is aware of the inherent risks associated with equine activities and is willing and able to accept full responsibility for his/her own safety and welfare and releases the equine owner or agent from liability unless the owner is grossly negligent or commits willful, wanton, or intentional acts or omissions.

Riding and handling horses can be dangerous. Please initial each paragraph below. This form must be completed and signed before you can receive any training.

1. ____I affirm that I have read and understood this Waiver completely. By signing below, and by initialing each paragraph, I agree to every term and condition of this Waiver.

2. ____I wish to receive and participate in the horsemanship/equitation and horseback riding training program provided by PALOS HILLS RIDING STABLES, INC, an Illinois corporation and Smith Lilly.

3. ____**WARNING.** Under the Illinois Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from equine activities. Risk of engaging in equine activities means those dangers of conditions that are an integral part of equine activities, including but not limited to (1) the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them, (2) the unpredictability of an equine's reactions to sounds, movement, and objects, persons, other animals, or other things, (3) certain hazards such as surface and subsurface conditions, (4) collisions with other equines or objects, sickness and diseases (including those that are communicable) and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

4. _____I acknowledge and understand that I may fall off a horse or may be thrown off a horse. I knowingly and voluntarily accept and agree that I will not hold PALOS HILLS RIDING STABLES, INC OR SMITH LILLY, or the instructor liable for my injuries, my own property damage, or damage to the property of another, or other loss, or death related to my learning of a new activity as part of my horseback riding training. I understand and agree that an instructor may not be held liable for any injuries that his/her students suffer, as there are inherent risks in equine activities.

5. _____I am aware and understand that the equine, the horse, may behave in an unpredictable and irrational manner, regardle ss of its training or past performance. A horse may be hard to handle and can, without warning or any apparent cause, stop short, change directions or speed, shift its weight, buck, stumble, fall, rear, bite, kick, run, spook, jump obstacles, step on a person's feet, push or shove a person, fight with another horse, or make other unexpected or erratic movements. In addition, equipment may fail, saddle, cinches, and/or bridles may loosen, shift, or break. Any of these conditions may cause serious bodily harm or death. I understand that the above-mentioned hazards and risks are described as examples only as there are numerous other hazards and risks inherent in equine activities, but also from actions, including but not limited to non-riding activities such as approaching, handling, leading, or walking near equines as well as other hazards and/or conditions at the training facility and immediate training area. Furthermore, I understand that the riding arenas, round pens, and tack storage areas may not be maintained and I expre ssly release PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, from any liability for any negligent maintenance of these areas, including but not limited to, the instruction area, the facility and stable premises, or any natural and/or man-made conditions found at the PALOS HILLS RIDING STABLES, INC. facility.

6. _____I, on behalf of myself, my family, my heirs, successors and assigns, and anyone claiming any interest through me or on my behalf, knowingly, intentionally, and voluntarily waive, release, indemnify, and agree to hold harmless PALOS HILLS RIDING STABLES, INC AND SMITH LILLY, and its employees, affiliates, shareholders, owners, and/or agents, and all other persons or entities with a property interest, vested or unvested, in PALOS HILLS STABLES, INC. AND SMITH LILLY, from any such actions, suits, claims, damages, and liability, including attorney fees and costs, that I, my family, heirs, successors, assigns, and anyone claiming interest through me, may have for any loss, damage, injury, paralysis, or death to myself or any other person or property arising out of my participation in horseback riding training and related equine activities and out of my entrance onto and/or use of the equine facility and premises, whether such a loss, damage, injury, disease, viruses, paralysis or death results from the negligence of PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, and/or its agents and employees or from some other cause.

7. ___I hereby agree to follow any safety policies, warning signs, or rules that I am advised of, either verbally and/or in writing PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, and/or its agents. In addition, I understand that I have been advised to wear a horseback riding helmet and to provide such a helmet for any minor children of mine that take riding instruction from PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, and its instructors. I acknowledge and agree that this helmet wearing requirement is mandatory. I voluntarily assume the risk of injury, death, or any other loss if I fail to wear a horseback riding helmet at any time during my training.

8. _____I certify that I am of lawful age (18 years of age) and am legally competent to sign this Waiver, or that I have acquired the written and/or oral consent of the parent or guardian to sign the below waiver. I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act. If any part of this Waiver is held unenforceable, such part will be stricken and the remainder of this Waiver will continue to be in full force and effect. This wavier is to be construed, interpreted, and governed in accordance with the Illinois law.

9. _____This Waiver contains the entire agreement of the parties. No other agreement, statement or promise made on or before the effective date of this agreement is binding on the parties.

ANY MEDICAL EXPENSES INCURRED DUE TO ANY TYPE OF ACCIDENT AT PALOS HILLS RIDING STABLES, INC. AND SMITH LILLY, ARE THE RESPONSIBILITY OF THE UNDERSIGNED THROUGH THEIR OWN INSURANCE CARRIERS. If you do not have your own insurance, then you are not allowed to ride at this facility. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and the legal responsibility for injury, loss, or damage to person or property resulting from the risks of equine activity.

Signature: _____ Date: _____

Printed Name: of Rider: _____

Parent or Legal Guardian if Under 18 Years of Age: _____

Address: _____City, Zip: _____

Medications: _____

Health Concerns: _____

Allergies: _____

Contact in Case of Emergency: _____

(With Name and Contact Number Please)

Primary Number: _____Secondary Number: _____

E-Mail: _____