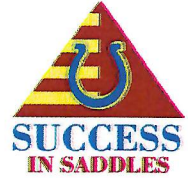




Palos Hills Stables, Inc.



## 2025 SUCCESS *in* SADDLES Clinic Reservation Request

**Improve Timing, Rhythm & Balance | Mental Preparation | Leadership Training | Mind-Body Connectivity**

Ellen Beard and her talented team have rocketed Success In Saddles (S.I.S.) to the forefront of show ring training. In Saddlebred, Morgan, and Arabian barns across the U.S., Ellen and her mentor Lillian Shively are sharpshooters. They help to produce winning combinations for trainers and instructors who value the addition of highly skilled, non-threatening eyes. Ellen brings her own record of success to the team. Her eye for timing and rider skills are top tier.

They get inside a competitor's mind to focus on mental preparation as well as body positioning and skill development. "The only step that matters is the next step and the only time you start at the top is when you are digging a hole." These philosophies are the cornerstone to their repeated success. Ellen is excited to work with you and your tribe and looks forward to developing talent, skills, and confidence.

**What:** S.I.S. Clinic for Riders 6 & older

**When:** March 15 and 16, 2025  
8:30 am - 4:45 pm

**Cost:** \$350 per rider (2-Day Clinic Session)  
\$50/day Auditing option available

- 1. Max of 4 participants** per 45-minute session, 1 riding session per day. Additional riding sessions will be available at additional cost (\$100) ***IF available.***
- Participants are encouraged to participate in the full clinic both days.
- Groups will be similar learning outcomes. For example, if participants want to hone workout skills, leg aides, ringmanship, long lining, etc...
- Adults and children in age-appropriate groups, however, ability will be considered.
- Children must be **at least six years of age** and able to ride in group setting.
- All participants must have signed the Success in Saddles Hold Harmless & Trinity Farm Waiver prior to participation in the clinic.
- Auditors are welcome! To maximize our available space, you must be a paid registered auditor.
- On the first day, horses will be in the tack and equipment used in a regular work session. On the following clinic day tack and equipment may be altered to achieve desired results.

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Bringing Saddle?  Yes  No If No, what size saddle do you use? \_\_\_\_\_

Bringing Horse(s)?  Yes  No If Yes, how many? \_\_\_\_\_ Negative Coggins? \_\_\_\_\_

Please mark time slot(s) requested (Instructors & trainers ONLY for 8:30 session:

_____ 8:30-9:15 am	_____ 10:45-11:30 am	_____ 1:00-1:45 pm	_____ 3:15 - 4:00 pm
_____ 9:15-10:00 am	_____ 11:30 am-12:15 pm	_____ 1:45-2:30 pm	_____ 4:00 - 4:45 pm
_____ 10:00-10:45 am	* Lunch: 12:15-1:00pm *	_____ 2:30-3:15 pm	

Mail fees & forms to:  
Palos Hills Stables  
10101 S Kean Ave  
Palos Hills, IL 60465

Or email:  
[phrsinc@aol.com](mailto:phrsinc@aol.com)

Questions? Call:  
708-598-7718

Zelle:  
Martha Hoyt  
312-213=6195



## Success In Saddles Clinic Questionnaire

Please answer the following as accurately as possible so that we can maximize our time together. Thank you.

1. Name \_\_\_\_\_ Gender \_\_\_\_\_
2. Home town \_\_\_\_\_ Barn Affiliation \_\_\_\_\_
3. EMAIL ADDRESS \_\_\_\_\_ Phone Number \_\_\_\_\_
4. Please circle age group: 10 and under: 11-13, 14-17, 18-30, 30-40, 40-50. 50 and over
5. Breed participation : \_\_\_\_\_
6. Please circle the divisions of interest : Equitation, Performance, Driving, Five Gaited, Hunt, other  
\_\_\_\_\_
7. Favorite horse of all time: \_\_\_\_\_
8. Most enjoyable event you have experienced with  
horses: \_\_\_\_\_  
\_\_\_\_\_
9. Least favorable event with horses:  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you have any health challenges that influence your ability to participate fully in horse sports? If so,  
please describe:  
\_\_\_\_\_  
\_\_\_\_\_
11. Please list skills you hope to gain by participating in this clinic. Do you have a specific goal you wish to  
address?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to share this information with me.**



2025

Success In Saddles, LLC., aka S.I.S

EIN 46-3814489

WAIVER AND RELEASE OF LIABILITY AGREEMENT

**This Is a Waiver of Your Legal Rights, And an Agreement Not To Sue**

**Serious Injury or Death May Result from Riding or Being near Horses**

Success In Saddles, LLC ( Ellen Beard, Hannah Sette and Lillian Shively) and \_\_\_\_\_ (INSERT NAME), hereinafter referred to as EQUESTRIAN PARTICIPANT, agree to the following terms, conditions, and waivers.

**WARNING: Under North Carolina Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Revised Statutes of North Carolina. In addition, this Agreement contains a Waiver and Release of ANY and ALL CLAIMS related to EQUESTRIAN PARTICIPANT'S participation in equine activities, including, BUT NOT LIMITED TO, CLAIMS THAT MAY ARISE DUE TO THE INHERENT RISKS OF EQUINE ACTIVITIES AND CLAIMS THAT MAY ARISE FOR ANY OTHER REASON.**

The undersigned acknowledges there are inherent risks associated with equine activities, including, but not limited to those described below, and hereby expressly assumes all risks associated with participating in such activities. Inherent risks include, but are not limited to: the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, bolting, falling or stepping on, and other such unpredictability, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals or objects; the limited availability of emergency medical care; and the potential of EQUESTRIAN PARTICIPANT to act in a negligent manner that may contribute to injury to the EQUESTRIAN PARTICIPANT or others, such as failing to maintain control over the animal or not acting within the EQUESTRIAN PARTICIPANT 's ability.

EQUESTRIAN PARTICIPANT further acknowledges that the behavior of any animal is contingent to some extent upon the ability of EQUESTRIAN PARTICIPANT, and assumes all risk associated with EQUESTRIAN PARTICIPANT'S personal abilities, or limitations thereto. EQUESTRIAN PARTICIPANT warrants a full and fair disclosure of EQUESTRIAN PARTICIPANT'S abilities shall be made to SUCCESS IN SADDLES.

EQUESTRIAN PARTICIPANT expressly acknowledges that he/she understands that while enrolled or participating in equine activities and events with SUCCESS IN SADDLES, EQUESTRIAN PARTICIPANT may be exposed to additional risks, including, but not limited to, faulty equipment, negligent acts by agents of SUCCESS IN SADDLES, or other risks that are not inherent to equine activities.

EQUESTRIAN PARTICIPANT expressly agrees that he/she will abide by and follow SUCCESS IN SADDLES rules and regulations, which shall be posted and/or available upon request.

EQUESTRIAN PARTICIPANT also agrees that he/she will follow all instruction and other directives by SUCCESS IN SADDLES's equestrian professionals.

EQUESTRIAN PARTICIPANT expressly agrees that prior to participation in any equine activity with Success In Saddles, he/she will notify the Coordinator of Equestrian Programs with Success In Saddles of any and all medical issues that may impact EQUESTRIAN PARTICIPANT'S ability to participate in equine activities. Relevant medical issues include, but are not limited to, the following: arthritis, asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, hearing loss, impaired vision, muscular and neuromuscular disabilities, heart conditions, pregnancy, scoliosis, and vertigo. EQUESTRIAN PARTICIPANT further agrees that he/she will cooperate with SUCCESS IN SADDLES in providing relevant medical information to assist SUCCESS IN SADDLES in determining the appropriateness, and/or the extent of, EQUESTRIAN PARTICIPANT'S participation in equine activities with Success In Saddles. EQUESTRIAN PARTICIPANT warrants and represents that he/she understands that failure to provide requested medical information may result in SUCCESS IN SADDLES prohibiting EQUESTRIAN PARTICIPANT from participation in equestrian activities with Success In Saddles. EQUESTRIAN PARTICIPANT warrants that he/she will abide by the determination of SUCCESS IN SADDLES with regard to the appropriateness of EQUESTRIAN PARTICIPANT'S participation in equine activities related to medical concerns.



### Waiver and Full Release of Any and All Claims

In consideration of being permitted to participate in equine activities, EQUESTRIAN PARTICIPANT in full recognition and appreciation of the dangers and hazards related to participation in equine activities to which EQUESTRIAN PARTICIPANT may be exposed during enrollment or participation in such activities with SUCCESS IN SADDLES, **does hereby agree to hold harmless SUCCESS IN SADDLES and all its trustees, officers, agents, and employees and further release them from any and all liability or responsibility for accident, damage, injury, illness or death to the undersigned that may occur for any reason during the period of EQUESTRIAN PARTICIPANT'S enrollment or participation in equine activities with SUCCESS IN SADDLES.**

EQUESTRIAN PARTICIPANT further assumes all risks in connection to participation in any and all equine activities, programs, courses and events with SUCCESS IN SADDLES, and expressly waives any claims for an injury or loss arising from such.

EQUESTRIAN PARTICIPANT further agrees for self and on behalf of heirs, personal representative(s) and assigns to defend, hold harmless, indemnify, release and forever discharge SUCCESS IN SADDLES and all its trustees, officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of damage to personal property, personal injury or death which may result from participation in equine activities or from transportation to or from said activities during the period of enrollment or participation in equine activities with Success In Saddles.

Failure to notify the Coordinator of Equestrian Programs with Success In Saddles of any and all medical issues that may impact the EQUESTRIAN PARTICIPANT'S ability to participate in equine activities shall be deemed to constitute an acknowledgement with Success In Saddles does not have and does not assume any responsibility for any injury to or detrimental medical effect to an EQUESTRIAN PARTICIPANT related to participation in equine activities.

EQUESTRIAN PARTICIPANT further agrees that images taken during training sessions and or supplied by the participant, including video and photographs may be used on the Success In Saddles website and Facebook page and printed materials, upon written confirmation.

By signing below, EQUESTRIAN PARTICIPANT acknowledges that he/she has fully read and understood this Agreement, and further, that he/she expressly waives any and all claims against SUCCESS IN SADDLES and all its trustees, officers, agents, and employees for accident, damage, injury, illness or death to the EQUESTRIAN PARTICIPANT that may occur for any reason during the period of EQUESTRIAN PARTICIPANT 'S enrollment or participation in equine activities with Success In Saddles.

EQUESTRIAN PARTICIPANT NAME \_\_\_\_\_

(Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL Address \_\_\_\_\_ Phone Number \_\_\_\_\_

EQUESTRIAN PARTICIPANT Signature \_\_\_\_\_

Date \_\_\_\_\_

If EQUESTRIAN PARTICIPANT is under 18 years of age, parent or guardian signature is required:

PARENT/GUARDIAN (Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_