

SANTA YNEZ VALLEY CUTTERS

Welcome to the Santa Ynez Valley Cutters. We are excited to have a new fun local cutting club with shows at Santa Ynez Valley Equestrian Center. We have made some really professional changes to the arena that should elevate our show ground to an exciting cutting event center. New footing, new timer and arena back wall, a practice pen throughout the show, and a practice flag are just some of the important features we have added to date. There will also be overnight horse pens available for the clinic and show.

We're starting with two shows this year, one in April and one in June. We have designed this club to have both traditional cutting classes following NCHA guidelines and ranch cutting classes. We have classes for open riders all the way to youth, and green as grass and never won a buckle. There will be added money to each class, a cash payout, buckles to first place, and trophy show pads for second.

To ride at the SYVEA, you'll need to either join as a member, join as a competition member, or can pay a haul in fee for each day. All membership forms and waiver forms will be available at all of our social media avenues or requested by email.

This first show will be a two day event with a clinic by NCHA trainer and judge, Rex Rossoll and trainer Tom Shelly on Saturday and the show on Sunday. We will also be having A Wine and Whiskey Social during the event. The team behind this event is putting everything they have into it and are looking forward to a great show. We are so grateful for the support we have received for this event so far.

Long live the Santa Ynez Valley Equestrian Community!

Any questions please contact:
Danielle Burkitt(805)331-3963
Lisa Lyons (805)708-4772
Mary Stevenson (541)417-2322
SYVEA website and FB page
And our new FB page
Santa Ynez Valley Cutters





SANTA YNEZ VALLEY CUTTERS



Sun. April 28th Cutting

Santa Ynez Equestrian Center 195 N Refugio Rd, Santa Ynez, CA 93460

Judge: TBA

All proceeds going directly to benefit the Santa Ynez Equestrian Center

Rider Name: _____

Mailing Address: _____

City/ State/ Zip: _____

Phone: _____ Email: _____

DOB (If Entering Youth Classes): _____

Horse Name: _____

Owner Name (If Different From Rider): _____

If Applicable: Mailing Address: _____

City/ State/ Zip: _____

Phone: _____ Email: _____

Send winnings to :

Owner Rider

Open Cutting (\$280)

Open Ranch (\$240)

Non Pro Cutting (\$280)

Amature Ranch (\$150)

Amature Cuttting (\$280)

Youth Ranch (((\$125)

Youth Cutting (\$240)

Never Won A Buckle Ranch (\$150)

Green As Grass (\$125)
(Can't have ever won over \$500)

Green As Grass Ranch (\$125)
(Can't have ever won over \$500)

Flag Works (\$25) x____

Practice Pen (\$50) x____

Office Fee: \$41

Haul In Fee (Non Members) \$25

CA Drug Fee \$14

Total: _____

Signature of responsible party: _____ Date: _____

Checks can be made payable to SYVEA . Entry and releases can be mailed to:

Dani Burkitt

3030 Baseline Ave

Santa Ynez, CA 93460

or emailed to syvcutters@gmail.com

This is made possible by the support of our incredible sponsors





SANTA YNEZ VALLEY CUTTERS



Sat. April 27th Clinic

Santa Ynez Equestrian Center 195 N Refugio Rd, Santa Ynez, CA 93460
With Clinicians Rex Rossoll and Tom Shelly

All proceeds going directly to benefit the Santa Ynez Equestrian Center



Rider Name: _____

Mailing Address: _____

City/ State/ Zip: _____

Phone: _____ Email: _____

Riders, please bring your own lunch and drinks. We will start at 8 am sharp.

Clinic Fee: \$ 250

Haul In Fee (Non Members) \$25

Total: _____

Signature of responsible party: _____

Date: _____

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**SANTA YNEZ VALLEY EQUESTRIAN ASSOCIATION.
RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT**

I am aware and fully understand that horses can be dangerous and unpredictable animals. I realize that participants and even spectators attending equestrian activities and events place themselves in a potentially hazardous environment that poses a substantial risk of injury to persons and property, and that occasionally serious injury or even death to riders, horse-handlers, spectators and horses occurs. Nevertheless, by signing this agreement, I hereby, knowingly and voluntarily, with full appreciation for the danger, assume all risks of injury to my person, my children, my horse(s) and my property, no matter how catastrophic and no matter the cause, which may occur as a result of my use or my child's use of the Santa Ynez Valley Equestrian Association's ("Association") property, facilities and equipment, for any purpose, and/or my participation or attendance at, or my child's participation in or attendance at, any Association activity or event.

In consideration for allowing me use the Association's property and facilities, and for allowing me to participate and/or be a spectator at Association activities and events, on behalf of myself, my legal representatives, heirs, assigns and estate, I hereby release and hold harmless (agree not to make a claim against or sue) the Association, its officers, directors, employees and agents (collectively referred to hereinafter as "Association"), the owner(s) of property at which Association activities or events are conducted, and/or the operators of Association activities or events, and their respective employees, agents and assigns, from any and all duty, liability and responsibility to me and my children, our legal representatives, heirs, assigns and estate, that may arise from any accident, damage, injury or illness to me, my children, my horse(s) or my property, as a result of my use or my child's use of the Association's property, facilities or equipment, and/or my participation in or attendance at, or my child's participation in or attendance at, equestrian activities or events, including, but not limited to, any and all damage, injury or illness to me, my children, my horse(s), or my property, that may arise from the negligent acts or omissions (whether active and/or passive) of the Association and the operators of its activities or events.

In accordance with *California Civil Code section 1668*, this release of liability does not exempt the Association from responsibility for any fraud, or willful injury to the person or property of another, or from any violation of law.

I further agree to defend, indemnify and hold harmless the Association, the property owners and operators of its events, their employees, agents and assigns, against all claims, demands and causes of action (which includes court costs and attorneys' fees), brought by or prosecuted for my benefit or that of my children (i.e., pay any loss or damage that they may incur, including attorney's fees and costs).

I agree that this release extends to all claims of every kind and nature whatsoever whether known or unknown, foreseen or unforeseen, and expressly waive any benefits of *California Civil Code section 1542*, which states:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I understand and acknowledge that the significance and consequence of this waiver of *California Civil Code section 1542* is that even if me, my child, my horse or my property is injured, damaged or becomes ill, I, and my legal representatives, heirs, assigns and estate will not be able to make any claims for those damages.

By signing this release, I hereby grant the Association, the operators of its activities and events, their employees, agents and assigns my permission to initiate emergency first aid treatment for myself and/or my children in the event such treatment is reasonably required, which determination may be made at their sole discretion.

I further agree and understand that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of this Agreement is held invalid, then it is agreed that the remainder of this Agreement shall continue in full force and effect.

I have carefully read this Agreement, fully understand its contents, and agree to each statement set forth herein. I am aware that this is a release of liability and a contract between myself and the Santa Ynez Valley Equestrian Association and sign it of my own free will.

(All members and/or participants who are 18 years of age or older must sign this Release. In addition, a parent or legal guardian must sign this Release on behalf of any members or participants under 18 years of age).

Dated: _____.

MEMBER #1 and/or PARTICIPANT _____ (Signature) Print Name: On behalf of self and as parent or legal guardian for:	MEMBER #2 and/or PARTICIPANT _____ (Signature) Print Name: On behalf of self and as parent or legal guardian for:
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SANTA YNEZ VALLEY EQUESTRIAN ASSOCIATION

It is our mission to provide a multi-use facility for equine activities with accompanying educational experiences in order to foster safe and humane horsemanship. Our goal is to develop, maintain and operate our equestrian facility in a manner that preserves and enriches our community's equestrian lifestyle including youth and therapeutic riding. The center is envisioned as a resource that will attract quality equestrian events and innovative instruction to improve that special relationship between horse and human.

2024 MEMBERSHIP APPLICATION

Valid through December 31, 2024

Member Information:

Date: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: () _____ Cell Number: () _____

Email: _____

Memberships:

- Lifetime-\$1500/One-TimePayment
- Individual-\$200/PerYear
- Family-\$250/PerYear(children18&under)
 - Junior-\$50/PerYear(18&underasofJan1st)
- Sustaining-\$50/PerYear(non-ridingmember)

- Competition Only - \$100/Per Year/Per Person (no center use other than events. Points will count towards year end awards. No voting rights)

invited to all social events and have no voting rights

\$ _____ Donation (SYVEA is a 501(c)3 Non Profit, all donations are tax deductible FEIN #77-0399307)

Total \$ _____ Please make checks payable to: SYVEA

Spouse (or parent name if a Junior): _____

Children:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Please sign the release on back and mail to: SYVEA, PO BOX 207, Santa Ynez, CA 93460

SYVEA Center Address: 195 N. Refugio Road, Santa Ynez, CA

www.syvea.org