Kent and Lori Herbel of XP Ranch

are returning to Massachusetts in 2023!

April 20-24, 2023 at Meeting Post Farm, Dover, MA

Outdoors, rain or shine

We are Covid Compliant and offer hand sanitizer, masks. Headsets will be sanitized between users.

VIDEOTAPING/RECORDING IS NOT ALLOWED AT ANY TIME DURING THE 5 DAYS

This is not an intro to herding/try-it seminar, however those in beginning stages are very welcome. These clinics concentrate on improving dog and handler communication, freedom to work and problem solving. Kent and Lori's Bios can be found on his website xpranch.com/about-us

Thursday, April 20 Private Lessons 45 minute Private Lessons offered, first dibs go to those participating in the seminar. A maximum of 8 working spots available.

Friday April 21- Sunday April 23 Clinic

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Monday April 24, **Private Lessons** 45 minute Private Lessons offered, first dibs go to those participating in the seminar. A maximum of 8 working spots available. **No auditors allowed**

Facility: Meeting Post farm is 20 minutes southwest from Boston set on 13 acres, abutting over 1000 acres of hiking, biking and riding trails. We have 20+ hair sheep ranging from well broke to lambs. Our facility boasts a 115'x200' arena a 120'x120' pen, a 60'x100' control pen and a 6 acre field. In addition we have a 100'x50' duck arena.

PRICING

Working Spots:

Single day \$180/day All three days \$510

Auditing Spots (clinic days only):

Thursday Auditing. \$45

(No lunch served or questions during sessions)

Single Clinic Day \$65 All three Clinic days \$170

Private Lessons:

45 minute lesson \$175/lesson

We will be starting at 8:00 am sharp. Breakfast items, coffee, water and lunch will be provided. Please indicate any particular dietary restrictions.

Parking will be in the front field, ground allowing. Handicapped parking is at the main barn. Hotels accepting dogs: Red Roof+ Inn Framingham MA 30 minutes I will extend my discount code to those contacting me.

Motel 6 Framingham MA. Pets stay free per website. They offer AAA discounts

Extended Stay America Waltham pet fees apply

Kent and Lori Herbel Clinic Entry Form April 2021

I wish to attend:	Cost/Spot	#	#	Total \$
		working	Audit	
PRIVATEThursday April 20	175			
ALL THREE CLINIC DAYS (CHECK THIS BOX ONLY FOR ALL DAYS)	510			
WORKINGFriday April 21	180			
WORKINGSaturday April 22	180			
WORKINGSunday April 23	180			
PRIVATE – Monday April 24	175			
Audit Thursday ONLY no lunch limited	45			
discussion				
Audit ALL THREE DAYS (CHECK THIS BOX ONLY FOR ALL DAYS)	170			
AUDITFriday April 21	65			
AUDIT -Saturday April 22	65			
AUDITSunday April 23	65			
Total Enclosed				

Spots will not be held unless paid in full. A <u>Full</u> refund will be given if the event is cancelled for any reason by Meeting Post Farm. Refunds for you cancelling will not be made unless we can fill your spot. You will not be allowed to sell your spot without prior approvals from me. Please be aware we do expect this event to fill with a wait list. Checks will be deposited as received, entries without a completed hold harmless will be deemed incomplete.

Please complete the application and send check(s) made out to Carol Donnelly to:

10 Powissett St Dover MA 02030 PRINT CLEARLY I NEED TO BE ABLE TO CONTACT YOU!!!!						
Name:		·				
Address:						
Phone Number:		E-Mail:				
Dog's Name	Age:	Breed:	-			
Please provide some information about	vourself	and your dog's level of experience:				



HOLD HARMLESS AGREEMENT 2023

I agree to hold Carol Donnelly and Howard Donnelly, owners of the property Meeting Post Farm, (10 Powissett St, Dover MA 02030) and clinicians Kent and Lori Herbel, XP Ranch Oklahoma, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly by myself or my dog (s) to any person, thing or property, while on or about the grounds or near any entrance thereto. I understand that Herding is an inherently dangerous activity, and I personally assume all responsibility and liability for any such claim. I (we) further agree to hold the aforementioned parties harmless from any claim for loss, injury or damage to my (our) dog(s) and myself.

I (we) agree to pay for any cost associated with injury or loss of livestock that is directly or indirectly caused by myself or my dog, regardless who is handling the animal. I agree that the determination of whether an injury is serious will be made by a veterinarian with expertise in the species being examined and designated by the property owners and will be binding on me. Further, I agree to pay for any livestock injuries or the replacement value of the livestock affected in the event of injury, loss of use, or death to any animal caused by myself or my dog, or occurring while my dog is on the farm grounds. I agree to pay the owner of the livestock fair market value of any animal injured beyond use or life, or I agree to pay the total cost of veterinary care if the injury is deemed to be recoverable to work (as deemed by either the livestock owner or a veterinarian):

Replacement value of ducks is \$50/duck Replacement value of sheep is \$300/head

Additionally, I hereby assume the sole responsibility for, and agree to indemnify, defend and hold the aforementioned parties harmless from any and all loss and expense (including legal, medical and veterinary fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injury(ies), including death or contraction of COVID at any time resulting therefrom, sustained by any person or persons, including myself or on account of damage to property arising from or as a consequence of my training on this property however such injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of any parties mentioned in this agreement, or any employees, agents or other persons.

I AGREE TO ADHERE TO ANY AND ALL STATE REQUIRED ACTIONS REGARDING COVID, INCLUDING BUT NOT LIMITED TO THE WEARING OF A MASK ON THE NOSE AND MOUTH AT ALL TIMES, NOTIFYING THE OWNERS IN THE EVENT YOU FEEL ILL OR TEST POSITIVE, AND WASHING/DISINFECTING HANDS AS ALLOWED.

Signature	Date
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Name (print clearly)	
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Full Mailing Address	
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Cell Phone	eMail
Emergency contact	contact phone