



Clinic Registration Form & Payment Schedule

DATE: _____

LOCATION: _____

COST: _____

Clinic Fees Include:

1. Participation in Clinic at Location described above.
2. Clinic fee includes stabling & camping for ONE participant.
3. Clinic participants should clarify with host optimal arrival time and will be required to be on site at least 1 hour prior to the start of their clinic, clean attire & tack required.
4. 50% Deposit Required with Registration, Non-Refundable & Transferrable. Must be received to confirm a spot in the clinic, by: **Date** _____
5. Balance due by: **Date** _____
6. Cancellation required at least 48 hours in advance with a doctor's or veterinarian's certificate to receive 50% refund.

TELL US ABOUT YOURSELF AND YOUR HORSE:

Age of rider: _____ Age of horse: _____ Years of riding experience: _____ Mare/Gelding (circle);

Breed of horse: _____ How long have you owned this horse? _____

Primary Disciplines: _____

Do you work with a coach? Yes/No (circle) If yes, who? _____

Tell us about your riding capabilities & experience & what you & your horse have done together, what classes or divisions have you and/or your horse competed in, placed in:

Name: _____ (please print)

Address: _____ **City/Town** _____

Prov: _____ **Postal Code:** _____ **Phone/s:** _____

Email: _____

Do you need Stabling: Yes/No

Do you need Camping: Yes/No

RETURN TO CLINIC HOST:

Rules and Conditions:

1. Completion of registration & signed waivers must be accompanied by a 50% deposit to hold a spot in the clinic.
2. Additional Waivers to be completed for participants under 19 years of age.
3. Deposits are non-refundable and transferrable.
4. Stalls will be assigned – shared tack stalls will be available.
5. All clinic participants must wear an approved safety helmet. If you choose not to wear an approved safety helmet, helmet waiver must be completed.
6. Riders are responsible for providing, feed, water buckets. All stall and/or stabling area to be stripped clean upon departure. Riders leaving stalls dirty will be subject to a \$35 fee.
7. Please note that all persons arriving with you will be required to pay a Spectator Fee.

Helmets are recommended for all equine activities. If you choose not to wear a helmet at the clinic, please sign the Helmet Waiver.

Helmet Waiver:

It is statistically clear that there are certain inherent dangers associated with horseback riding. I, _____, recognize the dangers inherent with horseback riding & horseback activities. One of those dangers is the risk of suffering serious head injury. I am assuming the hazard of this risk upon myself since I wish to ride horses. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger that I am exposing myself to. I have been advised that a protective riding helmet could prevent serious or permanent brain damage in the event of an accident. I am refusing this critical safety precaution.

I am fully aware of that safety helmets are recommended for equine activities and the reasons for it. I choose of my own free will, NOT to wear a safety riding helmet. In taking this action, I hold Daryl Gibb, his assigns and insurer free of any liabilities for injuries that I may receive as a result of my actions and failure to wear a safety riding helmet.

In your own handwriting, write the following line below:

I HAVE READ AND UNDERSTAND THE ABOVE HELMET WAIVER.

Participant Signature

Participant Date of Birth

Parent/Guardian (if Participant Under Age 19)

Printed Name Parent/Guardian

Today's Date

Witness Signature