

2017 One-Day Clinics



at HorseSense Riding Academy

DATES YOU PLAN TO ATTEND:

- Jan 21, 2017 (Closing Date = Jan 14) : 4-hour clinic - \$40
- Apr 8, 2017 (Closing Date = Apr 1): 4-hour clinic - \$40
- Nov 25, 2017 (Closing Date = Nov 18): 4-hour clinic - \$40

Camper's Name: _____ Nickname: _____ Age: _____

Address: _____ Phone #: _____

Parent or Guardian: _____ Cell #: _____

I plan to stay and audit the clinic at no charge.

OFFICE USE ONLY

Total \$ _____
 Date Paid _____ Due = \$ _____
 Check # _____ or Cash

I plan to bring a horse: Please attach a current copy of your negative Coggins to this form. Call or email us for boarding options.

Horse's name: _____ Horse's Age: _____ Horse's Height: _____ Mare Gelding Breed: _____

Horse's experience: _____

I would like to borrow a school horse for the clinic. I understand that school horses will be assigned by our instructor according to ability and availability.

I plan to bring my own ASTM-SEI helmet.

->>>>> CLINIC GOALS <<<<<-

Current HorseSense Level: HORSEMANSHIP _____ HORSEKEEPING _____

My **Horsekeeping** goals for this clinic:

I am ready to be tested on: _____

I need help learning these topics: _____

My **Horsemanship** goals for this camp: _____

Completed entry forms must be received by the clinic's Closing Date (one week prior to the clinic) to reserve a place; forms received after this date will be subject to a \$10 late fee.

Include a check for fees with your entry form, payable to: *HorseSense*. Mail entry forms, fees, and a current copy of your horse's negative Coggins to:

HorseSense Riding Academy

Clinic Fees

- Jan 21: \$ 40.00
- Apr 8: \$ 40.00
- Nov 25: \$ 40.00

AFTER CLOSING DATE add late fee of \$10.00 \$ _____

Check total, payable to "HorseSense" = \$ _____

By your signature, you agree as follows: "I hereby hold harmless the organizers, judges, and officials of HorseSense Riding Academy, Hy-View Farm, Hy-View Stables, their officers, agents and employees, and the host and property owners from all liability for accidents, damage, injury or illness to horses, owners, riders, employees, attendants, spectators, or any person or property suffered during or in connection with this show. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF GEORGIA. UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERIT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED."

An ASTM/SEI-approved HELMET is required at all times when mounted -- no exceptions!
 No vet or farrier on premises; riders assume all risks.

Signature (parent or guardian if rider is under 18): _____ Date: _____