



THE HORSEMAN'S WAY Clinic Application *Instructor ~ Ron Pyne*

Name: _____

Address: _____

City, Province: _____

Postal Code: _____

Phone & Email: _____

I am signing up as: PARTICIPANT / SPECTATOR (*circle one*) Level 2/3 _____ Level 3/4 _____

**LEVEL 2/3 RIDER CLINIC FEE - \$600 (tax included) 4 half days of instruction,
including daily lunches and auditing tickets for the 3/4 clinic.**

**LEVEL 3/4 RIDER CLINIC FEE - \$600 (tax included) 4 half days of instruction,
including daily lunches and auditing tickets for the 2/3 clinic.**

**A deposit of \$300, or payment in full must accompany this form. The balance is due by May 1st .
Deposits are non refundable unless your spot can be filled.**

Daily Board is \$10 per horse.	I would like to reserve ____ day(s) board
Camper Hookups are \$5 per night.	I would like to reserve ____ day(s) hookup

I hereby acknowledge that the Equestrian Sports and its activities are a high risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards which are inherent in this sport.

In consideration of being allowed to participate, I hereby assume all risk and I hereby release and absolve Briarrose Stables, Beth and Dave Smith, volunteers, representatives and employees of the stable from all responsibility, liability or claims of any nature and kind which I may have, arising from my participation in any activity, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever, including negligence of one or more individuals and organizations referred to herein.

I hereby declare that in making this entry that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Signed:

Date:

(Signature of Parent/Guardian if minor)

**Please make cheques payable to Beth Smith, Box 529 Kensington, P.E.I., C0B 1M0
Contact: beth@briarrosestables.com**