

Kinder Horsemanship

CLINIC PARTICIPANT'S CONTRACT

Please read the following carefully then fill out your disclosure information, sign and send to Kinder Horsemanship, 1714 Flos Rd 10E, Elmvale ON L0L 1P0 with your deposit.

No contract will be accepted without deposit and disclosure.

- The horse you bring to a Riding clinic must be able to walk and trot under saddle and must be able to tolerate the presence of other horses. The more riding time on the horse, the better.
- The horse you bring to a Ground Work clinic must be halter broke, able to be handled safely from the ground and must tolerate the presence of other horses.
- Do not bring a stallion.
- Participants are responsible for the care and feeding of their horses.
- It is understood that due to the nature of horse training and handling horses in general, accidents can occur. You are advised to wear a protective helmet and proper footwear for your own safety. You are advised to put protective boots on your horse.
- Stall assignments and fees are determined by the clinic host.
- Upon signing this agreement/contract, you agree to release Wendy E. Downer, her staff and family as well as the clinic host from all responsibility regarding injury to yourself or to your horse, loss, theft or damages to any items you may have brought with you. .
- Requirements for Health certificate and Coggins test are determined by the host and must be followed. It is your responsibility to inquire about and provide the paperwork requested.

Clinic Type	Clinic Fee	Deposit Required
3 Day Riding Clinic	\$400.00	\$150.00
5 Day Start Your Own Colt	\$500.00	\$200.00
Weekend Retreat	\$350.00	\$150.00
2 Day Round Pen Clinic	\$300.00	\$125.00
1 Day Clinic	\$170.00	\$75.00
Other		

NOTE - All Deposits are non-refundable but may be transferred to another event within the same year.

CLINIC DATE _____ **DEPOSIT ENCLOSED** _____
(cheque or money order made out to Wendy Downer)

Please write the following statement on the lines provided below:

"I have read and understand this agreement/contract in full and agree to all terms herein. I understand this is a group riding clinic and I can safely ride my horse around other horses."

 Signature of Participant

 Date

Kinder Horsemanship

CLINIC PARTICIPANT DISCLOSURE

Clinic Location & Date: _____

HORSE DISCLOSURE

The horse you bring to a Riding Clinic must be able to walk and trot under saddle and must be able to tolerate the presence of other horses and riders. The horse you bring to a Ground Work Clinic must be able to be led, safely handled from the ground and must tolerate the presence of other horses. Do not bring a stallion. If you have a choice of horses, please bring the one you are most comfortable with and the one that is most broke. What you learn at the clinic can be taken home and applied to all your other horses. This will only serve to make your clinic experience more enjoyable and the training will be that much easier for you and your horse.

Name of Horse: _____

Sex: _____ **Breed:** _____

Describe the personality of your horse:

Please check yes or no to the following:

	Yes	No
Does your horse bite?	_____	_____
Does your horse kick?	_____	_____
Does your horse buck?	_____	_____
Does your horse get along with other horses and riders?	_____	_____
Do you believe your choice of horse is suitable for this clinic?	_____	_____

Signature of Participant

Date

Emergency Information

Clinic Location: _____ **Date:** _____

Your Name: _____

Address: _____

City: _____ **Province:** _____

Postal Code: _____ **Phone #** _____

Your age: _____

Please list person/persons to notify in case of an emergency. Include name and all phone numbers for day and night. **Please print clearly.**

List any Health Problems in past 2 years	List any Medications you are presently taking	List any surgeries that pertain to back, neck, arms or legs

Do you feel that any of your health problems or prior surgeries inhibits your ability to participate in this clinic safely? YES _____ NO _____ **If your answer is Yes, you will need a Doctor's release to participate in this hands-on training clinic.**

Please write the following statement on the lines provided:

"I have read and understand this emergency information form in full and realize that this is a group riding clinic and I CAN safely ride my horse in this clinic."

Signature

Date