

CLINICS/SCHOOLS/RETREATS RIDER PROFILE

We hope to provide you with tools that help achieve your horsemanship advancement goals. Please help us attain a clear understanding of your needs by answering the following questions. Feel free to add more information on a separate sheet or email if desired.

RIDER NAME: _____

How many years experience have you had with horses?: _____

What is your riding level on a scale of 1 (beginner) or 5 (advanced)?: _____

Breed, age, sex of horse you are bringing: _____

Level of training (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Green Broke
<input type="checkbox"/> Over 4yr/still in snaffle bit
<input type="checkbox"/> Neck Reins | <input type="checkbox"/> Finished/needs "tune-up"
<input type="checkbox"/> Has problems/need re-programmed
<input type="checkbox"/> Trained for Show |
|--|---|

Other: _____ Competition type: _____

Types of riding you are pursuing or would like to pursue (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Pleasure/Trail
<input type="checkbox"/> Barrels/Gaming
<input type="checkbox"/> Ranch/Cow Work
<input type="checkbox"/> Reining
<input type="checkbox"/> Cutting
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Mountain/Packing/Endurance
<input type="checkbox"/> Team Penning/Sorting
<input type="checkbox"/> Roping-type: _____
<input type="checkbox"/> English/Dressage/Jumping
<input type="checkbox"/> Show Trail/Mt. Trail/Trail Trials
<input type="checkbox"/> Cowhorse/Ranch Versatility |
|--|---|

Describe what you feel are you & your horse's strengths & weaknesses as a team:

Describe what you feel are the "problem" areas you need help with:

Please list at least 2 or more specific goals you hope to achieve through this clinic:

Location: 2700 NW Lower Bridge Way, Terrebonne, OR 97760 **Clinic:** Cows N More Cows

Time: August 30-31 8am-3pm

Make Checks Payable to: Clinic Deposit and Clinic Balance: MJ Rising H Ranch
Stall & Camping Fees: Tenley Haaby

Payment:	Clinic Fee: \$360/per rider	Includes cow fee & dry camping	\$ 360.00
	50% Deposit \$150/per rider	*Non Refundable ~ Pay to MJ Rising H Ranch	\$ 150.00
	Balance Due first day of clinic ~ Pay to MJ Rising H Ranch		\$ 150.00
	The following fees are payable to Tenley Haaby:		
	Stalls (includes initial shavings): \$50/clinic *must be cleaned before your departure!		\$
	Camping: No charge		
	Balance Due first day of clinic ~ Pay to Tenley Haaby		\$

Clinic Dep: Check # _____ or Cash or Credit Card Type _____ # _____ Code:

Clinic Bal: Check# _____ or Cash or Credit Card Type _____ # _____ Code:

**** Dogs must be contained in trailer or on leash at all times please!!**

STUDENT ENROLLMENT FORM

Rider Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____
 Email: _____
 Occupation: _____
 Emergency Contact:
 Name: _____ Relationship to Rider: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____

Are there any Medical Conditions or Allergies we should be aware of?

No Yes/Please explain: _____

Release/Waiver:

Due to the nature of this activity, in the fact that it involves horses and the unpredictability associated with horses and horse-related activities, and the knowledge which I have undertaken to learn for myself, as well as the information provided, I am aware of the risks, hazards and dangers inherent to participation in any MJ Rising H Ranch school/clinic/retreat at any location. I elect voluntarily to participate in this activity, and its entire agenda of horse-related activities. I hereby personally assume all risks in connection with this activity and I release MJ Rising H Ranch, and other facilities used for the purpose of the school/clinic/retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at the MJ Rising H Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation.

I am also aware that I am held responsible and liable for the actions of any horse that I bring to any MJ Rising H Ranch school/clinic/retreat, and that I am therefore responsible and liable for any damages or injury to private property, etc. caused by this/these horse(s).

Once the school/clinic/retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

I have read and accept the terms above:

Student Signature: _____ Date: _____

Contact: JoLinn Hoover 541-519-4995 or jolinnh@icloud.com

Please send forms & payments to:

**JoLinn Hoover
 PO Box 1174
 Prineville, OR 97754**

***credit card payments by taken by phone also**

You Will Need to Bring

- ALL Horse Keeping Items including Feed, Shavings, Buckets, Manure Forks...
- People Feed & Beverages ~ Chairs ~ paper/pen
- Clothing for the weather (rain, sun, hot, cold)
- Your sense of **HUMOR!**
- We're out to have a **GOOD** time!