**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.

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| **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):   |  |  | | --- | --- | | **Green Broke** | **Finished/needs “tune-up”** | | **Over 4yr/still in snaffle bit** | **Has problems/need re-programmed** | | **Neck Reins** | **Trained for Show** | | **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Competition type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Types of riding you are pursuing or would like to pursue (check all that apply):   |  |  | | --- | --- | | **Pleasure/Trail** | **Mountain/Packing/Endurance** | | **Barrels/Gaming** | **Team Penning/Sorting** | | **Ranch/Cow Work** | **Roping-type:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Reining** | **English/Dressage/Jumping** | | **Cutting** | **Show Trail/Mt. Trail/Trail Trials** | | **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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:** 66295 Hwy 20, Sisters, OR 97703 **Clinic: Ranch Trail & String-Cow Clinic**  **Time: Jan 26 & 27 and March 9 & 10** \*both weekends 9am-4pm | | | |
| **Make Checks Payable to: Clinic Deposit and Clinic Balance: MJ Rising H Ranch**  **Stall, guest rooms, and Camping Fees: Cody Menasco** | | | |
| **Payment:** | Clinic Fee: $300/per weekend | circle date(s) Jan. 26-27 and/or March 9-10 | $ | |
|  | 50% Deposit $150/weekend | **\*Non Refundable ~ Pay to MJ Rising H Ranch** | **$150.00** | |
|  | **Balance Due first day of clinic ~ Pay to MJ Rising H Ranch** | | **$** | |
|  | **The following fees are payable to Cody Menasco:** | |  | |
|  | Stalls (does not include shavings): Inside/$20@day Outside/$15@day x #days \_\_\_\_\_\_ | | **$** | |
|  | Camping: w/o elect $15/night w/elect $20 night x #nights\_\_\_\_\_\_ | |  | |
|  | Bunkhouse: bunk beds, futon, electric $30/night/person x #nights\_\_\_\_\_\_ | |  | |
|  | Office Bunk: bunk beds, running water/sink, elect $40/night/person x #nights\_\_\_\_\_\_ | | **\_\_\_\_\_\_\_\_\_** | |
|  | **Balance Due first day of clinic ~ Pay to Cody Menasco:** | | **$** | |
|  |  | |  | |
| Clinic Dep: | Check #\_\_\_\_\_\_ or Cash or Credit Card Type \_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: | |  | |
| Clinic Bal: | Check#\_\_\_\_\_\_ or Cash or Credit Card Type \_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code: | | | |
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**STUDENT ENROLLMENT FORM**

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| 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 horses(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**    **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!  **Please send forms & payments to:**  **JoLinn Hoover**  **PO Box 1174**  **Prineville, OR 97754**  **\*credit card payments by taken by phone also** |