

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:

Clinic Title: Versatility Ranch Horse Clinic **Date:** Sept. 29-Oct. 1

Clinic Location: Western Sky Equestrian Center, LLC ~ 21031 NE 122nd ST, Redmond, WA 98053

~ Make Checks Payable to Clinic Host: Western Sky Equestrian Center, LLC

Fees:	Clinic Fee	\$600/ rider	\$
	Stall Fee	\$25/day	\$
	Haul – In Fee if not stalling on site	\$15/day	\$
	Dry Camping – Free	Free	\$
	Audit Fee	\$25/day	\$
Total Amount Due			\$
	50% Clinic Fee Deposit:	\$300/rider due by (non-refundable)	\$300.00
	Remainder Balance:	\$300/rider + extra fees due prior to clinic start!	
	Add 3% process fee for credit card payments		
TOTAL BALANCE DUE			

Deposit pd by: _____ **Ck#or Visa/MC#** _____ **Exp Date** _____ **or Cash**

Balance pd by: _____ **Ck#or Visa/MC#** _____ **Exp Date** _____ **or Cash**

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: _____

Any special dietary considerations? _____

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 understand that photo and/or video of me may be used by MJRHR for publication purposes.

I understand that MJRHR strongly suggests use of helmets for minors and requires shoes with heels for all riders! I understand I am responsible for signing ALL rules/releases held by the facility of event regardless of rules of MJRHR! I have read and accept the terms above:

Student Signature: _____ Date: _____

Legal Guardian Signature for minor: _____

Contact: Dale Rumens-Partee 425-319-9280 dale@westernskyhorsemanship.com

Please send all forms and payments to:

Dale Rumens-Partee
21031 NE 122nd ST,
Redmond, WA 98053

Make checks to: Western Sky Equestrian Center LLC

You Will Need to Bring to the Clinic Site:

- Water Bucket ~ Horse Keeping Items
- People Snacks & Beverages ~ Chairs ~ Note-taking items
- Clothing for the weather (rain, sun, hot, cold)
- Your sense of **HUMOR!**
- We're out to have a **GOOD** time!