

Terry Johnson Clinic Entry Form

October 11 and 12, 2010 @ Stonehurst Riding Club (Louisville, KY)

Rider Name: _____ Age: _____

Address: _____

Home #: _____ Cell #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Horse's Name _____ Age _____

Sex _____ Breed _____ Height: _____

MORE INFORMATION:

Present level of competition of rider: _____

Highest level rider has competed: _____

Present competition level of horse: _____

Highest level horse has competed: _____

Goals & Objectives for this clinic: _____

Type of riding style for lesson: _____

Terry Johnson Lesson	Qty	Fee	Total
Private 45 minute lesson		\$ 80	
Private 45 minute lesson (<i>Discount for 2nd day if you ride on Monday</i>)		\$ 60	
Semi-Private 45 minute lesson		\$ 60	
Semi-Private 45 minute lesson (<i>Discount for 2nd day if you ride on Monday</i>)		\$ 40	
Stabling (\$50 per day)		\$ 50	
Shavings (\$8 per bale)		\$ 8	
Ground Fee (For horses not stabled on grounds or paying for a stall)		\$ 25	
Late Fee per lesson (After 10.3.10)		\$ 15	
Total			

Ride Time Preference: AM _____ PM _____ Approximate Arrival time: _____

Fill out the application and mail with:

- 1) current Coggins test
- 2) signed Release Form
- 3) check for total amount due (payable to "Stonehurst")

Mail to: Stonehurst Riding Club 13900 Reamers Rd Louisville, KY 40245 Due: October 3, 2010

Release, Assumption of Risk, Waiver, Indemnification

In consideration for my participation or attendance at the Terry Johnson (the "Clinic") at Stonehurst Riding Club, I AGREE to all of the following:

I choose to participate voluntarily in the Clinic with my horse, as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, auditor, spectator, groom, or as a parent or guardian of a junior participating in the Clinic. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, serious bodily injury, including broken bones, head injuries, trauma, pain, suffering and even death ("Harm").

I release Terry Johnson, Stonehurst Riding Club, Adrienne Hancock-Leong, Natacha Lesburgueres, Linna Sewell, any employees, personnel, sponsors, volunteers or agents (the "Indemnified Parties") from any and all claims for money, damages or otherwise for any Harm to me, my horse or my personal property and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Indemnified Parties.

I expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Indemnified Parties.

I shall indemnify (that is, to pay any and all losses, damages, or costs incurred by) the Indemnified Parties and to hold them harmless with respect to all claims for Harm to me or my Horse, and for claims made by others for any claim made by others for any Harm caused by me or my Horse at the Clinic.

I represent that I have the requisite training, coaching and ability to safely participate in the Clinic. By signing below, I agree to all terms of this release, assumption of risk, waiver and indemnification.

Rider Printed Name: _____

Rider Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Owner Printed Name: _____

Owner Signature: _____