

## **CLINIC ENTRY FORM & RELEASE**

## Beginner Trail Clinic w/ Mary Jane Brown May 17-19, 2024

		Way 11-12	, 2021				
Held at:	Eastern Slo Phone:	pe Ranch * 4226 541-403-0155 v					
Circ	ele One Option:	Friday-Sunday	OR	Friday	/	Saturday	
\$25 Discount for han		\$450 Clini full payment by Februa Deposit Required	ry 15, 202			EIVED:	
PADDOCK \$1 CAMPING H CABIN \$75/N	C FEE: Full Clinic - 15/NIGHT OR STA	Full Clinic for \$450 or LL \$25/NIGHT HT ~ DRY CAMPING ailability		·	otal	\$ \$ \$ \$	
DEPOSIT ENCLOSE	ED \$						
*RIDE CLINIC FEES		Friday, Saturday & Sund <b>Required – Non Refu</b>	•	with lunch for	r 1 D	ay	
Horse Name		Bre	ed			Age	
Exhibitor Name	Phone						
Address		Cit	y/State/Zi	ip			
Email							
†† - Deposit is required to hol Letter, releasing your horse & be used by 12/31/2024otherw	you do not have another l	norse you can use. The depos	it is transferab	le to another clin			
Youth riders must have parent volunteers, horse owners and lincur. I hereby certify that ever my representatives to be boun used for the purpose of the clinature for injury or damage will Slope Ranch or other facility unknowled Liderick to withdraw for	andowners, from any & al ery horse is eligible as ente d thereby. I hereby person inic or retreat, its owners, nich may befall me or my sed for the purposes of the	Il liability on account of loss, red. I make these entries at nally assume all risks in conne officers, directors, agents, em- property (including horse(s) and activity, including, but not	damage or injuly own risk & a ction with this bloyees, horse and tack) while limited to loss	ary that I or any part to the activity and I relowners and landed I am participatin	person e rules lease E owners g in th	whom I allow upon ESR pre- of this show & I agree for m astern Slope Ranch, and othe from any liability of any kine is activity, or while I am at Ea	mise ma yself & er faciliti d or astern

Date

Exhibitor or Guardian Signature