



42268 Rouen Road Baker City, OR 97814 (541) 403-0155 www.easternsloperanch.com

Beginner Trail Clinic w/ Mary Jane Brown

Clinic Entry & Release

May 17-19, 2019

Held at: Eastern Slope Ranch * 42268 Rouen Road, Baker City, Oregon 97814
Phone: 541-403-0155 www.EasternSlopeRanch.com

Circle One: **Ride:** ALL 3 DAYS OR Friday Saturday Sunday

**** \$150 Deposit Required – Non Refundable††**

Make Checks Payable to: Eastern Slope Ranch

*RIDE CLINIC FEE: Full Clinic \$350 OR Daily \$150/day	\$ _____
PADDOCK \$15/NIGHT OR STALL \$25/NIGHT	\$ _____
BBQ DINNER \$10 per plate - SATURDAY ONLY	\$ _____
CAMPING HOOK-UP \$10/NIGHT	\$ _____
CABIN \$75/NIGHT - Limited Availability	\$ _____

*Deposit Required ASAP to hold Cabin

Fees Total \$ _____

DEPOSIT ENCLOSED \$ _____

***RIDE CLINIC FEES** \$350 with lunch Friday, Saturday & Sunday or \$150/day with lunch – Friday, Saturday or Sunday
****\$150 Deposit Required – Non Refundable††**

Horse Name _____ Breed _____ Age _____

Exhibitor Name _____ Phone _____

Address _____ City/State/Zip _____

Email _____

†† - Deposit is required to hold your spot in clinic, balance due at beginning of clinic. It is a non-refundable deposit, without a Doctor's Letter or Veterinarian's Letter, releasing your horse & you do not have another horse you can use. The deposit is transferable to another clinic hosted by Eastern Slope Ranch, but must be used by 12/31/2019 otherwise monies paid are forfeited. If you have any questions, please call us 541-403-0155.

Youth riders must have parent's signature. By my signature, I hereby release Eastern Slope Ranch (ESR), its owners, officers, directors, agents, employees, volunteers, horse owners and landowners, from any & all liability on account of loss, damage or injury that I or any person whom I allow upon ESR premise may incur. I hereby certify that every horse is eligible as entered. I make these entries at my own risk & am subject to the rules of this show & I agree for myself & my representatives to be bound thereby. I hereby personally assume all risks in connection with this activity and I release Eastern Slope Ranch, and other facilities used for the purpose of the clinic or 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 Eastern Slope Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation. Once the clinic or retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

Exhibitor or Guardian Signature _____

Date _____