



Jil Walton Clinic September 21, 2009

Rider's Information

Name:

Age:

Address:

City:

State:

Zip:

Contact Phone:

Email address
(clearly, please!)

Horse's Information

Horse's Name:

Special Stabling Requests/Needs: (*reserved stall available for \$25*)

Clinic Information

		Participation: check one	Fees:	Total:
Sept 21, 2009 (Monday) Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	<input type="checkbox"/>	Riding	Clinic <i>with</i> Stabling: \$100	Indicate Amount Enclosed:
	<input type="checkbox"/>	Auditing	\$10 per day	
				Make checks payable to: Tulipsprings, LLC

Experience

Maximum height you are comfortable jumping, level of experience and other information regarding goals, issues, etc.
Please include highest level competition *completed* with this horse.

Please check below the level that you are most competent at with THIS horse:

BN Beginner Novice N Novice T Training P Preliminary I Intermediate A Advanced

Release

I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, instructors, agents, volunteers and hosts of this Clinic and the owners of any property on which the Clinic is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself or my property, including the horse I am riding at the Clinic.

Name (Please print):

Date:

Signature:

Please return completed form, **release, and your check payable to Tulipsprings, LLC:
Carol Curry
412 East 36th Ave., Kennewick, WA 99337
Open date is July 1 and refund deadline is August 25, 2009.
After Deadline, no refunds unless place is filled.**

PLEASE INCLUDE A SIGNED RELEASE FORM FROM THE TULIPSPRINGS WEBSITE
http://www.tulipsprings.com/rules/docs/Tulipsprings_Release.pdf