

# Tom Poulin Dressage Clinic Entry Form

Presented by Stonehurst Riding Club  
November 21, 2010 @ Stonehurst Riding Club

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: \_\_\_\_\_

Tom Poulin Clinic	Qty	Fee	Total
Private 45 minute lesson		\$150	
Semi-Private 45 minute lesson (for Training or First level only)		\$95	
Stabling (\$50 or \$30 if competing in Saturday competition)		\$30 or \$50	
Shavings (\$8 per bag)		\$8	
Ground Fee (for horses not stabled on grounds or paid for a stall)		\$25	
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 Riding Club")

Mail to: Krystina Firth 620 Kenova Trace Lexington KY 40511 Due: November 5, 2010

## **Release, Assumption of Risk, Waiver, Indemnification**

In consideration for my participation or attendance at the Tom Poulin (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 Tom Poulin, Stonehurst Riding Club, Adrienne Hancock-Leong, Natacha Lesburgueres, Krystina Firth, 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: \_\_\_\_\_