

CLINICS/SCHOOLS/RETREATS RIDER PROFILE

We hope to provide you with tools that help achieve your horsemanship advancement goals. Please help us attain a clear understanding of your needs by answering the following questions. Feel free to add more information on a separate sheet or email if desired.

RIDER NAME: _____

How many years experience have you had with horses?: _____

What is your riding level on a scale of 1 (beginner) or 5 (advanced)?: _____

Breed, age, sex of horse you are bringing: _____

Level of training (check all that apply):

Green Broke

Over 4yr/still in snaffle bit

Neck Reins

Finished/needs "tune-up"

Has problems/need re-programmed

Trained for Show

Other: _____

Competition type: _____

Types of riding you are pursuing or would like to pursue (check all that apply):

Pleasure/Trail

Barrels/Gaming

Ranch/Cow Work

Reining

Cutting

Other: _____

Mountain/Packing/Endurance

Team Penning/Sorting

Roping-type: _____

English/Dressage/Jumping

Show Trail/Mt. Trail/Trail Trials

Cowhorse/Ranch Versatility

Describe what you feel are you & your horse's strengths & weaknesses as a team:

Describe what you feel are the "problem" areas you need help with:

Please list at least 2 or more specific goals you hope to achieve through this clinic:

Clinic Title: BASICS TO BRIDLE 101 AND INTRODUCTION TO TRAIL

Clinic Dates: August 6-8, 2010 Clinic Location: Canmore, Alberta, Canada

~Make Cheques Payable to Clinic Host: Ilona Berbekar~

Payment Info:	Clinic Fee	\$350 (US)/rider (Includes Lunch Each Day)	\$
	Audit Fee	\$30 (US)/person/day or \$60 (US)/person for all three days (Includes lunch each day) ~Space is limited~	\$
	Other Information	Camping and stabling is not available on-site at the Bow Valley Riding Club. If you need assistance with accommodations, please contact Ilona Berbekar for more information.	
	Total Amount Due		\$
	50% Clinic Fee Deposit:	\$175/rider due by May 30, 2010 (non-refundable)	\$ 175.00
	Remainder Balance:	\$175/rider due by July 15, 2010	\$ 175.00

(For Office Use Only)

Deposit Pd. By: Cheque # _____ or Cash Date Received _____

Balance Pd. By: Cheque # _____ or Cash Date Received _____

STUDENT ENROLLMENT FORM

Rider Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Occupation: _____

Emergency Contact:

Name: _____ Relationship to Rider: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Are there any Medical Conditions or Allergies we should be aware of?

No Yes/Please explain: _____

Any special dietary considerations? _____

Release/Waiver:

Due to the nature of this activity, in the fact that it involves horses and the unpredictability associated with horses and horse-related activities, and the knowledge which I have undertaken to learn for myself, as well as the information provided, I am aware of the risks, hazards and dangers inherent to participation in any MJ Rising H Ranch school/clinic/retreat at any location. I elect voluntarily to participate in this activity, and its entire agenda of horse-related activities. I hereby personally assume all risks in connection with this activity and I release MJ Rising H Ranch, and other facilities used for the purpose of the school/clinic/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 the MJ Rising H Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation.

I am also aware that I am held responsible and liable for the actions of any horse that I bring to any MJ Rising H Ranch school/clinic/retreat, and that I am therefore responsible and liable for any damages or injury to private property, etc. caused by this/these horses(s).

Once the school/clinic/retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

I have read and accept the terms above:

Student Signature: _____ Date: _____

Contact: Iona Berbekar, skilona@telus.net, 403-680-0967

Please send all forms and payments to:

Iona Berbekar
109 RundlePointe
Canmore, Alberta
T1W 2P4

You Will Need to Bring to the Clinic Site

- Water Bucket
- People Snacks & Beverages~Chairs
- Clothing for the weather (rain, sun, hot, cold)
- Your sense of **HUMOR!**
- We're out to have a **GOOD** time!