

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 (Circle):

Trail 1 (Newport, May 15-16, 2010)

Basics to Bridle 101 (Monmouth, July 31- Aug. 1, 2010)

Trail 2 (Monmouth, Sept. 4-6, 2010)

~Make Checks Payable to Clinic Host: Sheri Wheeler~

Payment Info:	Clinic Fee	Trail 1 & Basics to Bridle 101: \$275/rider; Trail 2: \$375/rider	\$
	Facility Fee	Trail 1: \$45 (Includes 2 nights' stall & 2 days' lunch) Basics to Bridle 101: \$50 (Includes 2 nights' stall & 2 days' lunch) Trail 2: \$60 (Includes 3 nights' stall & BBQ Sunday & Monday)	\$
	Note: Bring your own baled shavings for bedding to all clinics.		
	Additional Stall Nights	\$10/night x #nights _____	\$
	Camping Fee	Limited on-site camping at Newport; dry camping included at Monmouth—Call Sheri if hauling in or questions on camping	
	Total Amount Due		\$
	50% Clinic Fee Deposit: Trail 1 and Basics to Bridle 101- \$138 ; Trail 2- \$188 (due 30 days prior to the clinic/ <i>non-refundable</i>)		\$
	Balance Due (First day of Clinic-Pay Clinic Host)		\$

Deposit Pd. By: Check # _____ or Visa/MC # _____ Exp. Date _____ or Cash

Balance Pd. By: Check # _____ or Visa/MC # _____ Exp. Date _____ or Cash



Trainers & Coaches of Champion Horses & Riders
www.mjrisingh ranch.com

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: _____

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 horse(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: Sheri Wheeler, sheritoo@hotmail.com, 503-409-4503

Please send all forms and payments to:

**Sheri Wheeler
PO Box 501
Monmouth, OR 97361**

You Will Need to Bring

- ALL Horse Keeping Items including Feed & Shavings
- People Feed & Beverages~Chairs
- Clothing for the weather (rain, sun, hot, cold)
- Your sense of **HUMOR!**
- We're out to have a **GOOD** time!