

Advantage Horsemanship® Clinic Contract

Please - one contract per horse and rider

This AH Clinic is scheduled ____/____/____ through ____/____/____.
Cost for this Clinic is \$ _____

PLEASE PRINT CLEARLY:

Rider Name _____, _____ Rider age _____
Address _____ (if minor only)
_____ Zip _____

E-mail address _____

Home Phone (____) - ____ - ____ Work (____) - ____ - ____
Cell (____) - ____ - ____

Name of horse _____ (barn name) M G Horse's Age _____

Deposit for clinic _____ (\$100.00) non-refundable. _____ Payment in full. **No refunds** within 5 days of any clinic.

Stabling overnight: Y N How many nights? _____ Arriving ____/____/____

Stall fees paid \$ _____ (\$ 20.00/night per stall) in advance, non-refundable. This includes bedding. **HAY, FEED, WATER (available at the farm). STALL CLEANING DURING AND AFTER THE CLINIC ARE THE RESPONSIBILITY OF THE RIDER.** There will be an extra fee of \$10.00 for any stalls left uncleaned at the end of the clinic. Stalls are on an "available basis". Check for availability.

Return this contract, with your deposit as soon as possible to hold your space in the clinic. Proof of vaccinations, and Coggins as well as final payment for the clinic and stalls are due no later than 1 week prior to the start of the clinic.

*If rider is a minor, a parent or guardian must remain on the premises during the clinic.

Signed _____ (Rider or Owner) Date ____/____/____
Or parent

***** **Release of Liability** must be signed to ride *****

Advantage Horsemanship®, FQF or their representatives, or any farm hosting an AH® clinic, including, but not limited to trainers, vendors, owners, and barn personnel, are not responsible for any injury, accident or death that may happen to either a horse, rider or auditor as a result of any lesson, training session, clinic, rental transport, free ride, collision or other incident which might occur while on FQF farm property or at an AH® sponsored event, and is hereby released of any and all liability associated with that incident. Minors are required to wear helmets while mounted, no exceptions.

It is the responsibility of the rider and/or their parents, to wear appropriate equestrian headgear and clothing whenever mounted on a horse.

_____/____/____
Rider/Parent/Guardian Date Print name please

****NO HELMET WAIVER: Sign below only if you will not be wearing a helmet****

*I understand the risks involved and I choose not to wear a safety helmet. If any injury or death occurs to me, I release Advantage Horsemanship® or Fox Quarter Farm, Inc. of any responsibility.

_____/____/____
Rider

Return form to: Advantage Horsemanship® as soon as possible to ensure your space!
3875 Bark Hill Road
Union Bridge, MD 21791 Atten: Clinic