

Four Star Equine

Sizzling Summer Clinic

Rider's Information		
Name:	Age:	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Email Address:	Cell Phone:	
Emergency Contact:	Emergency Contact Phone:	

Horse's Information		
Horse's Name:		Horse's Name on Coggins: (attach copy of Coggins)
Please check one:	<input type="checkbox"/> Mare <input type="checkbox"/> Gelding	Horse's Age: _____ Horse's Breed: _____

Clinic Information		
Clinic :check one	Fees:	Total:
Sara Mittleider – July 1 & 2	\$180 – two days gymnastics & SJ \$70 – private dressage (if time allows)	Indicate Amount Enclosed:
Stephen Bradley – July 29 & 30	\$275 – two days SJ & X-C \$85 – private dressage if time allows	
Frederic Bouland – August 12 & 13	\$180 – two days gymnastics & SJ \$70 – private dressage (if time allows)	
Buck Davidson – October 1 & 2	\$325 – two days gymnastics & SJ	
Cancellation Policy: Refunds will be given with a vet/doctor's note only if space can be filled from the waiting list.		Make checks payable to: Four Star Equine, Inc.

Experience	
Please describe rider's level of experience:	Highest level competed (rider):
Please describe horse's level of experience:	Highest level competed (horse):
Additional information for rider or horse (problem areas, quirks, goals, and other info you would like us to know):	
Please check below the level that you are most competent at with THIS horse:	
<input type="checkbox"/> BN Beginner Novice	<input type="checkbox"/> N Novice
<input type="checkbox"/> T Training	<input type="checkbox"/> P Preliminary
<input type="checkbox"/> I Intermediate	

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 the above named clinic/event and the owners of any property on which the clinic/event 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/event. I also agree to the cancellation policy stated above.	
Name (Please print):	Date:
Signature:	
Print name of witness:	Signature of witness:
Guardian's name (if rider is under the age of 18):	Signature of guardian:
Please return completed form, signed release form, and your check to: Four Star Equine, Inc. , Attn: Ashley Colonel, P.O. Box 1315, Wilson, WY 83014	