



OPEN CENTERED RIDING®/JUMPING CLINIC with SUSAN HARRIS

July 7–8, 2012

Registration Deadline Monday, June 25. PLEASE RETURN TO:
Marsha Casdorph • 415 North Park Place • Yellow Springs, Ohio 45387
Payment must be included to reserve a clinic space.*
Questions? Please contact Marsha at mlcasdorph@sbcglobal.net or 937-231-1987.

Clinic participants may only jump in this clinic if they have had previous Centered Riding lessons.

NAME: _____ E-MAIL: _____

PHONE:(Home) _____ (Mobile) _____

CLINIC LOCATION: The Riding Centre 1117 East Hyde Road Yellow Springs, Ohio 45387	CLINIC FEES: Two-Day Clinic (no lunch): \$300 Two-Day Clinic (lunch included): \$325 Auditing Fee**: \$25 per day Stall Fee: \$25 per day School Horse Fee: \$20 per day
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ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CLINIC RIDER REGISTRATION

(Check or fill in options that apply.)

- Two-day clinic (no lunch) \$300 Two-day clinic (lunch inc.) \$325 Clinic fee \$ _____
- Auditing for ____ days at \$25 per day. Total auditing fees \$ _____
- I will bring my own horse.
- I need stabling for ____ days at \$25 per day. Total stall fees \$ _____
- I need a school horse for _____ days at \$20 per day Total school horse fees \$ _____
(Rider's height _____ weight _____)
- TOTAL \$ _____**

Any problems the instructor should be aware of (e.g., medical restrictions, confidence problems, on medication)?

- No Yes

If yes, please describe:

NOTE: All riders must wear a helmet when riding on Riding Centre property.

*Payments accepted are cash, check, or money order. Make checks payable to The Riding Centre.
**Riders are allowed two free auditors per day.

**WE CAN ONLY PROVIDE A REFUND (MINUS A \$50 PROCESSING FEE) IF A CANCELLED SLOT CAN BE FILLED.
RIDING EXPERIENCE / LEVEL**

Primary discipline
or type of riding: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Basic (or lacking confidence) | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |
| <input type="checkbox"/> Novice (walk/trot, some canter) | <input type="checkbox"/> Instructor | <input type="checkbox"/> Riding green horse |
| <input type="checkbox"/> Jumping (if offered) | What size fences do you usually jump? _____ | |

Please tell us more about you. Use the other side of this application if you need more space for your answers.

Please tell us about your riding experience and major riding interest:

Please tell us about the horse you will ride in the clinic (e.g., age, training level):

Have you had any experience with Centered Riding (e.g., lessons from CR instructor, clinics)?

What would you like to learn from this clinic?

Susan E. Harris Clinic Release and Hold Harmless Agreement

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in horsemanship instruction and schooling;

IN CONSIDERATION, therefore, for the privilege of attending or participating in a Susan Harris Clinic, taking lessons and/or working around horses with Susan E. Harris, the Undersigned does hereby agree to hold harmless and indemnify Susan E. Harris and further release her from any liability or responsibility for accident, damage, injury, or illness to the undersigned or any horse owned or leased by the Undersigned or to any family member or spectator accompanying the Undersigned while under the direction and instruction of Susan E. Harris. In consideration to be accepted into this Clinic, lesson or program and intending to be legally bound hereby, you agree to assume the risk of equine activities pursuant to state Law. The undersigned participant understands that equestrian activities are inherently dangerous and accepts risks involved therein (including, without limitation, the risk of injury to the participant and, death and damage or destruction of horses and other property).

Signature (if over 18 years of age):

Date: _____

Signature of Parent or Guardian (if under 18 years of age):

Print Name of Parent or Guardian:

Address: _____

Phone: (_____) _____ Email: _____

Riding Centre Registration and Release Form

(Please Print)

Client

Name: _____ Date Of Birth: _____ Age: _____

Phone:(Home) _____ (Mobile) _____

Work Phone: _____ Emergency Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian _____

Address/Phone _____

School/Institution currently attending _____

In Case Of Emergency Contact: _____

Contact _____

Liability Release

_____ (Client's Name) would like to participate in The Riding Centre's Program. I acknowledge the risks and the potential for risks of horseback riding. I feel that the possible benefits to myself/ my son / my daughter/ my ward are greater than the assumed risk. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release all claims for damages against The Riding Centre, its Board of Directors, instructors, Therapists, Aides, Volunteers and/or Employees, and Antioch University for any and all injuries and/or losses that I / my son / my daughter/ my ward may sustain while participating at The Riding Centre.

Date: _____ Signature: _____

(Client / Parent / Guardian)

Photo Release

I hereby consent to and authorize the use of by The Riding Centre of any and all photographs and any other audiovisual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Client / Parent / Guardian)

Under Ohio Law, an Equine Activity Sponsor or an Equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from inherent risks of equine activities. (Ohio Revised Code 2305.321)