

Florabama Chapter of DSDCTA

presents

Clinician Karen Jones

February 21-22

Milton, FL

Clinic Application

Rider	Horse
Name	Name
Address	Age/Breed Please use the space below to tell us what else should we know about your horse.
Phone	
Email	
Rider's Age, if under 21	

Preferred ride times: Sat AM ____ Sat PM ___/ Sun AM ____ Sun PM ____

There are limited stalls available @ \$25/night. There are very few available, so reserve early. # stalls needed: ____

Are there any medical conditions or medications that could affect your riding ability or stamina? Yes No

(If yes, please discuss your limitations prior to your ride.)

Have you had prior Parelli NH experience? ____ If yes, what level? _____

Use the space on the back of the page to tell about your riding level and goals.

Checks should be made out to Florabama Chapter of DSDCTA. Clinic fees must be paid at the time of application to reserve your ride time. No refunds unless we are able to fill the slot. Mail application and release to:

Linda Johnson, 5853 Willard Norris Rd, Milton, FL 32570 Other questions can be directed to Linda Johnson, 850-384-6716.

Florabama Chapter of DSDCTA Hold Harmless Clause

The undersigned competitor and any signing parent or guardian hereby (1) agrees to release the management of this event, their officers, directors, employees, members, or agents, any clinician, and the owners or managers of the grounds where this event is held, from any loss, damage, liability, or injury arising out of or resulting from this show/clinic or competitors participation therein; (2) agrees to indemnify, hold harmless and defend the Florabama Chapter of the Deep South Dressage & Combined Training Association (DSDCTA), the organizer, facility owner, and the management of this show/clinic from and against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from competitors entry or participation in this show/clinic or from acts or omissions of competitor or competitor's agents; and (3) acknowledges that activities with and around horses and horse shows involve inherent risks that are understood by the persons signing and are expressly assumed. In the event of injury to competitor or to competitor's animals, permission is hereby granted to management for emergency medical treatment.

Signed: _____ Date: _____

(Rider or Parent/Guardian if rider is under age 18)

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.