

## Mini Clinic Registration Packet

Clinic	Cost	Non-Refundable Deposit	Arena/Stall/Haul-In Fee <i>If Applicable</i>
1/2-Day Clinic	See Clinic details on Events Page	\$50.00	See Clinic details on Events Page

Clinic Date(s): \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Deposit Enclosed: \$ \_\_\_\_\_

Check or Money Order #: \_\_\_\_\_

Three things you would like to work on in this clinic:

1). \_\_\_\_\_

2). \_\_\_\_\_

3). \_\_\_\_\_

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A non-refundable deposit of \$50.00 due with the return of this contract. The full amount of the clinic may be paid up front, or the balance is due no later than one week prior to the clinic.

Partial payments are accepted until that date (1 week prior). Depending on the location, there may be an additional \$10.00-20.00 day stall/haul-in fee which must be paid in cash on the day of the clinic.

## No stallions allowed!

Clinic horses must be well broke and able to walk and trot *safely* under saddle.

You must have a copy of a negative Coggins drawn within one year of the clinic date. Health certificates are also required when traveling across state lines. Some barns will require proof of immunization. Please send copies only to our office. Keep your original paperwork!

The following forms are due immediately:

1. Signed Registration form
2. Liability release
3. Clinic fee/deposit-Payable to "Pieceful Solutions"

Send all paperwork and deposit to:

Tara Jones, Pieceful Solutions  
71 S. Allentown Rd.  
Telford, PA 18969

Copies of coggins & health certificates/immunization records must be presented at the clinic.

It is understood that due to the nature of horse training and handling in general, accidents can occur. You are advised to wear a protective helmet for your own safety and to put protective boots on your horse.

Upon signing this agreement contract, you agree to release Tara Jones, her staff and family, as well as the clinic facility, its owners, staff and family, from all responsibility regarding injury to yourself or to your horse, loss or theft, or damages to any items you may have brought with you.

By signing this form, I agree that I have read and fully understood this agreement and contract in full and agree to all terms herein. I understand this is a group riding clinic and I can safely ride my horse around other horses.

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Signature (Rider or Parent/Guardian if Rider is a minor)

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Date

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**NOTICE:** Please read this document carefully before signing. Signing this document affirms that you have read it and understand it in its entirety. If you have any questions, please ask before signing.

This RELEASE of LIABILITY is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 2014, by and between Tara Jones, and/or her employees and agents, hereinafter designated Trainer, and \_\_\_\_\_ (printed rider's name) hereinafter designated Rider, and if Rider is a minor, Rider's parent or guardian, \_\_\_\_\_ (printed parent/guardian name). In return for the use, today and on all future dates of the property, facilities and services of the Trainer, the Rider, his heirs, assigns, and legal representatives, hereby expressly agree to the following:

1. Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM THE RIDER'S USE OF OR PRESENCE UPON TRAINER'S AND/OR MANAGER'S PROPERTY AND FACILITIES including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Rider agrees to hold Trainer and/or Manager and all of their successors, assigns, subsidiaries, affiliates, officers, directors, employees and agents completely harmless and not liable and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of Rider's use of or presence upon Trainer's and/or Manager's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of the Trainer and/or Manager.
3. Rider agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Rider agrees to indemnify and defend Trainer and/or Manager against, and hold them harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from the Rider's use of or presence upon the Trainer's and/or Manager's property and facilities.
5. Rider agrees to abide by all of Trainer's and Manager's rules and regulations.
6. If Rider is using his horse, the horse shall be free from infection, contagious or transmissible disease. Trainer and/or Manager reserves the right to refuse horse if not in proper health or is deemed dangerous or undesirable.
7. By executing this release, rider/student or rider's parent/guardian agrees that the Instructor shall have the rights to any and all photographs or videos taken and hereby waives any rights to same and acknowledges that Instructor may freely utilize same in advertising materials, her website or in any other manner.
8. This contract is non-assignable and non-transferable. Should any clause be in conflict with State Law, then that clause is null and void. When the Rider and Rider's parent or guardian, if Rider is a minor, signs this contract, it will then be binding, subject to the above terms and conditions.

Rider's Signature:		
Rider's Parent/Guardian's Signature (if applicable):		
Rider's Phone #:		
Street Address:	Emergency Contact Name:	
City	Emergency Contact Number:	
State/Zip		