

CLINICS/SCHOOLS/RETREATS RIDER PROFILE

It is our desire through our clinics and schools to provide you with the tools to help you achieve your goals of reaching a higher level in your horsemanship skills. One of the resources to help us help you is a clear understanding of your needs. Please take time to answer the following questions and return to us. We are here to help you & we plan on having a great time with you! Feel free to add pages, the more we know, the better.

Rider Name _____

How many years experience have you had with horses? _____

What is your riding level on a scale of 1 (beginner) or 5 (advanced)? _____

Breed, age, sex of horse you are bringing: _____

Level of training (Circle all that apply)

Green Broke

Over 4yr/still in snaffle bit

Neck Reins

Finished/needs "tune-up"

Has problems/need re-programmed

Trained for show

competition type: _____

Other _____

Types of riding you are pursuing or would like to pursue (circle all that apply):

Pleasure/Trail

Mountain/Packing/Endurance

Ranch/Cow Work

Roping - type:

Barrels/Gaming

Team Penning/Sorting

Cutting

Cowhorse/ Ranch Versatility

Reining

Show Trail/Mt. Trail/Trail Trials

English/Dressage/Jumping

Other: _____

Describe what you feel are you & your horse's strengths & weaknesses as a team:

Describe what you feel are your "problem" areas you need help with:

Please list at least 2 or more specific goals you hope to achieve through this clinic:

Clinic enrolled in: _____ Date: _____ Clinic Rider Fee: _____ ~

Location: _____ Stall Fee/day: _____

Payment Info:

Paid in Full

\$ _____ ck# _____

50% Deposit

\$ _____ ck# _____

(due 30 days prior clinic, non-refundable)

Cattle Charge (non-refundable) \$ _____

Balance (due 1st day of clinic) \$ _____

Stall fee x #Horses _____ x # Days _____ = \$ _____

Any applicable arena fee's are due & payable at clinic \$ _____

(fee's will vary according to clinic type and location)

Group Meal/BBQ/Potluck fee (if applicable) \$ _____ per plate x _____ plates = \$ _____

Balance Due at Clinic \$ _____ ck# _____

STUDENT ENROLLMENT FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: Days (____) _____ Evenings (____) _____

Occupation: _____

Emergency Contact:

Name: _____

Mailing Address: _____

City _____ State: _____ Zip: _____

Phone: Days (____) _____ Evenings (____) _____

Are there any Medical Conditions/Allergies we should be aware of?

No

Yes (please explain)

Release/Waiver:

Due to the nature of this activity, in the fact that it involves horses and the unpredictability associated with horses and horse-related activities, and the knowledge which I have undertaken to learn for myself, as well as the information provided, I am aware of the risks, hazards and dangers inherent to participation in any MJ Rising H Ranch school/clinic/retreat at any location. I elect voluntarily to participate in this activity, and its entire agenda of horse-related activities. I hereby personally assume all risks in connection with this activity and I release MJ Rising H Ranch, and other facilities used for the purpose of the school/clinic/retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at the MJ Rising H Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation.

I am also aware that I am held responsible and liable for the actions of any horse that I bring to any MJ Rising H Ranch school/clinic/retreat, and that I am therefore responsible and liable for any damages or injury to private property, etc. caused by this/these horses(s).

Once the school/clinic/retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

I have read and accept the terms above:

Student Signature

Date

SEND FORMS & DEPOSIT/PAYMENT TO:

For additional info:
MJ RISING H RANCH
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