

2016 Clinic Registration Form

Rider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email: _____

Emergency Contact: _____ EC Phone #: _____

Horse Name: _____

Stabling: Friday____ Saturday____ Haul-in _____

Highest Level RIDER completed: _____ Yr: _____

Highest Level HORSE completed: _____ Yr: _____

Clinic Level Requested: _____

Registration Fee : \$395	\$
Stabling Fee: \$25 per night	\$
Haul-in Fee: \$10 per day	\$
Stall cleaning Deposit: \$25	\$
Total Fees:	\$

Mail Entries to: Kayla Bird

5201 Irwin Rd #16

Huntington, WV 25705

Questions: kaylambird@hotmail.com; (831) 801-6305

I understand that I have entered this clinic at my own risk and hereby waive any and all claims for personal injury, death or property damage suffered by me, my child or my horse, against Keylo Farm, the owners, agents, employees, and the organizers, arising out of, but not limited to the above mentioned equestrian activity and clinic. Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in the being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities.

Rider/Owner Signature: _____

Date: _____