

**OFFICE USE ONLY**

Paid ck: \_\_\_\_\_

Coggins Report: copy enclosed: Y / N

Rhino / Flu Vaccination Date \_\_\_\_\_

**Samuel Brown  
Natural Horsemanship Clinic  
Series**

**Date Of Clinic: Sunday –January 8th, 2012**

*Rain or Shine – indoor on property*

<b>Horse/ Rider Entry check here</b> _____	<b>Auditor Only check here</b> _____	
Rider Name:	Contact #	D.O.B.
Address:	Email:	Preferred session time:
Horse Name:	Breed:	Gender
Please include a copy of recent negative Coggins. Horse must be up to date on all vaccinations.	Owner of horse:	Age:
Total Fee Per Entry Submitted: Horse/ Rider Entry = \$95.00 Auditor Fee = \$25.00		\$ _____

**Samuel Brown****Natural Horsemanship Clinic Entry Form**

Please make copies:

One horse &amp; rider and/or auditor per form.

**Mail entries & checks to:**

Dark Horse Stables

597 Lees Bridge Rd. Nottingham, PA 19362

*Or***Email the completed entry to:**

SamuelPotterBrown@gmail.com

***Be sure to mail your entry/ auditor fee via check before closing date to reserve your space! Make checks payable to: Sam Brown***

***Closing Date:***

***Completed Entries must be received by: 1/2/12***

- *Clinic will be divided into two sessions: 9am – 12pm AND 1pm – 4pm*
- *You'll be notified of confirmed session times after closing date. Preference is based solely on amount of entries, sessions limited to 6 riders and their mounts.*
- *Easily accessible and ample parking & food !*
- ***Please make checks payable to Samuel Brown***

**Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.**

I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Dark Horse Stables and Sam Brown, its owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Rider: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent or Guardian , if rider is under 18)

Signed Owner: \_\_\_\_\_ Date: \_\_\_\_\_