

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 –March 11, 2012

Rain or Shine – indoor on property

Horse/ Rider Entry check here _____	Auditor Only check here _____	
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 = \$20.00		\$ _____

Samuel Brown**Natural Horsemanship Clinic Entry Form**

Please make copies:

One horse & 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: 3/5/12***

- *Clinic will be divided into two sessions: 9am – 12pm AND 1pm – 4pm*
- ***AM Session*** – basics for beginners + ***PM session*** – expanding to next level on NHS skills; sessions limited to 6 riders and their mounts.
- *Easily accessible and ample parking & food available.*
- ***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: _____