



EQUESTRIAN EVENTS, INC.

19809 SW Aten Road (Mail)
Beaverton, OR 97007
Home: (503) 628-0494 Fax: (503) 628-0733

Host Facility: CRESCENDO FARMS

14245 SW Pleasant Valley Road
Beaverton, OR 97007
Barn: (503) 628-0733

DAWN RUTHVEN CLINIC: May 17-19, 2010

Name of Participant: _____ Horse: _____
Address: _____ City/State: _____ Zip: _____
Telephone: _____ Trainer/Barn: _____
Vaccine History: Flu/Rhino: _____ WNV: _____ Tetnus: _____ E/W: _____ Other: _____
Wormed (date/product): _____ Primary Vet Name/Number: _____

Rider/Horse Ability/Experience: Please use the back of the form to give Dawn your riding experience/history.

Videotaping? No-Yes (circle days): Mon Tues Wed Based on demand, we will try to have taping available.

Riding Availability: Mon: am afternoon eve Tues: am aft eve Wed: am aft evening

Clinic Fee: \$275.00 45 minute private sessions each day.
Audit Fee: \$ 10.00/day
Horse Use: \$ 20.00/day School Horses available on a limited basis.
Stabling: \$ 75.00/clinic We will do stalls, feed your feed set by stall per your instructions. Stalls available: **Sun 6pm-Wed 6pm. **Stalls available at close of Sunday's Show (Stalls & Arena Schooling could be available earlier than 6pm, call Katie Friday 5/14 for estimated time). I will arrive: _____
N/R Deposit: \$137.50 N/R Deposit (50% Clinic Fee) must be included to hold your space.

Total Fees: \$ _____ Deposit Enclosed: \$137.50 Due Upon Arrival: \$ _____

Questions? Please call Katie Twombly at (503) 628-0494. Checks Payable To: EEI

WAIVER OF LIABILITY

I, the undersigned rider of either my own horse or a school horse supplied to me for the sole purpose of being able to participate in the clinic, covenant and agree to assume all risk, liability and responsibility for any accident, injury or damage and/or any other casualty, and to release and hold harmless Equestrian Events, Inc., Crescendo Farms, its agents, horses, representatives, servants, employees, successors in interest, and all persons connected with the clinic, their heirs or assigns or successors (hereinafter collectively called "EEI/CF"), from liability for death or any personal injury of whatsoever kind or nature, to myself, my family or friends, and my horse, or to any person riding my horse, or to myself if riding a school horse, or damage to other personal or real property, resulting from any cause whatsoever, or of any kind or nature, including but not limited to negligence on the part of EEI/CF, excepting only such injury or damage resulting from the willful acts of EEI/CF. It is understood and agreed that the release of EEI/CF, and all those connected with the running of the clinic, as previously set forth, is a necessary part of this agreement without which I would not be permitted to ride in the clinic.

Rider (Parent/Guardian signature if rider is under 18 years of age).

Date