

Garn Walker Clinic Registration Form

Date and Time: June 14th - 16th 9 a.m. – 4 p.m.

Location: Triple C Stables, 8585 Co Rd 22, Ft. Lupton, CO 80621

We are so excited you have decided to ride with Garn, and we believe you and your horse will truly benefit from this experience. To ensure that Garn is best equipped to help you reach your goals, we have just a few questions about you and your horse. Please keep in mind that spots are limited and will be filled in order of deposits received. If you have any questions, feel free to reach out!

Rider Name: _____ Rider Age: _____

Rider Email: _____

Rider Division (circle one): Open Amateur Youth

How long have you been riding (circle one): <2 years 2-5 years 5-10 years 10-20 years 20+ years

How would you describe your riding level? _____

What are your long-term goals for your riding? _____

What would you like Garn to teach that would help you reach those goals? _____

Horse Name: _____ Horse Age: _____

Horse Breed: _____ Horse Height: _____ hh

How would you describe your horse's level of training? _____

What are you currently working on with your horse? _____

What do you want to learn to help your partnership? _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Cost:

\$385 per rider

Deposit: \$175 due by May 24th. Deposit is non-refundable, unless clinic is canceled.

Stalling is \$25/night for self care, \$35/night for full care.

Nights needed: _____ Care Type (circle one): Self Care Full Care

Overnight hookups are \$20/night. Nights needed: _____

Schedule:

Rider groups are at clinician's discretion, based on compatibility.

Friday - June 14 th	Saturday - June 15 th	Sunday - June 16 th
8 a.m. – 9 a.m. Soft Feel Lecture	9:00 a.m. – 10:30 a.m. Group 1	9:00 a.m. – 10:30 a.m. Group 1
9:30 a.m. – 11:00 a.m. Group 1	10:30 a.m. – 12:00 p.m. Group 2	10:30 a.m. – 12:00 p.m. Group 2
11:00 a.m. – 12:30 p.m. Group 2	12:00 p.m. – 1:00 p.m. Lunch	12:00 p.m. – 1:00 p.m. Lunch
12:30 p.m. – 1:00 p.m. Lunch	1:00 p.m. – 2:30 p.m. Group 1	1:00 p.m. – 2:30 p.m. Group 1
1:00 p.m. – 2:30 p.m. Group 1	2:30 p.m. – 4:00 p.m. Group 2	2:30 p.m. – 4:00 p.m. Group 2
2:30 p.m. – 4:00 p.m. Group 2		

Payment Information:

Checks should be made payable to Cowboy Dressage World of Colorado. PayPal invoicing is available; just ask.

Please mail entries to P.O. Box 445, Brighton, CO 80601, or email to cdwcolorado@gmail.com.

Registration form, liability release, and deposit payment must be received before a spot will be held.

PLEASE READ

I AGREE that I am voluntarily participating in the CDWCO Garn Walker Clinic taking place on June 14-16 as a rider, handler, horse owner, lounge, lessee, competitor, agent, trainer, or as the parent or guardian of a junior participant. I am fully aware and acknowledge that horse sports and the CDWCO Garn Walker Clinic involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE that rider, horse owner, and anyone associated with either party, including family members, hereby hold harmless release from all possible claims CDWCO, Cowboy Dressage World, and all of their officials, personnel, volunteers, directors, and anyone else associated with the CDWCO Garn Walker Clinic, including the facility Triple C Stables, and its owners, directors, volunteers, and personnel.

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) Cowboy Dressage World and Cowboy Dressage World of Colorado, and to hold them harmless with respect to claims for Harms to me or my horse.

I AGREE to indemnify Triple C Stables and its owners, directors, volunteers, and personnel, and to hold them harmless with respect to claims for Harms to me or my horse.

I AGREE to indemnify Garn Walker and his personnel, and to hold him harmless with respect to claims for Harms to me or my horse.

I AGREE that rider and horse owner are responsible for maintaining their own insurance for their horse and themselves. Event management and the facility are not responsible for covering riders, horses, handlers, spectators, or anyone else at the show under insurance.

I AGREE that deposit refunds will not be offered.

I HAVE READ the Cowboy Dressage Rules that pertain to my participation in this event.

I UNDERSTAND that the event management encourages me to wear an ASTM certified helmet while riding or working with my horse, with the understanding that no protective equipment can protect against all injuries.

I REPRESENT that I have the ability and understanding to safely compete in this clinic.

BY SIGNING BELOW, I AGREE to all of the above, and to be bound by the Cowboy Dressage rules while competing and conducting myself at the facility. If I am signing electronically, I certify that my electronic signature holds the same weight and strength as if I had signed with my own hand.

Rider Signature: _____

Date: _____

Parent Signature if Rider is a Minor: _____

Date: _____

Horse Owner Signature: _____

Date: _____