

CLINIC WITH MIKE OSINSKI

**NOVEMBER 17, 18, 19, 2017
ENTRY FORM**

CLINIC LOCATION: ELLEN ROY'S BARN

**DUE DATE: RIGHT AWAY
PLEASE INCLUDE CHECK WITH ENTRY FORM**

CLINIC FEES: \$120.00 PER 45 MINUTE PRIVATE LESSON

NAME: _____ EMAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Members who would like to participate in the clinic please indicate how many rides and on which day or days you would like to ride. Entries will be processed in the order in which they are received, and you will be notified of your ride times before the clinic. As the clinics are currently oversubscribed it has become increasingly difficult to accommodate special requests for ride times. If a rider has a specific conflict which will cause them to be unavailable to ride at a certain time, they will need to contact Mary Neal and inform her of this conflict; otherwise, each rider wishing to participate should be prepared to ride at their assigned ride time.

Friday 11/17/2017

Saturday 11/18/2017

Sunday 11/19/2017

**PLEASE MAKE CHECKS PAYABLE TO:
MIKE OSINSKI FOR \$85.00 AND CWDS FOR \$35.00 MAIL TO:**

Mary Neal
916 So. 21st Avenue
Yakima, WA 98902 (509) 248-9145
dressagesec@aol.com
or neal_m@heritage.edu

RELEASE FORM

As part of the consideration for the services rendered by, or facilities furnished by THE ROY FAMILY, for the use of the arena, stable, vans or any other facilities or equipment, I, the undersigned, individually and on behalf of my minor children hereby release THE ROY FAMILY, their offspring and estates and their agents and employees from any liability or loss or damage. It is understood that there are certain risks to horse, rider and students involved in the lessons and training and in the use of the facilities; and I agree to assume full responsibility for all such risks and agree that the above-mentioned parties will not be responsible for any loss, personal injury or damage to me or my children or to horses or property owned or controlled by me, and I hereby indemnify the above-mentioned parties against claims of any kind that may grow out of such loss or damage whether occurring

on their premises or otherwise. Dated this _____ day of _____, 2017.

SIGNED: _____
Individually and as parent/guardian for any minor member of my family.

CLINIC RULES

1. You must be a member of CWDS to participate in these clinics.
2. Clinic money must be sent in advance, on or before the due date, to hold your spot in the clinic. You must contact organizer a week in advance for special requests of ride times.
3. You need to contact clinic organizers 24 hours in advance if you have to cancel your lesson.
4. Once you have sent your money in for the clinic you have committed to show up for the lesson. If you have to cancel you will be responsible for filling your spot. If you are unable to find someone to fill your space your clinic fee is forfeit. If there is a waiting list for the clinic we will give you the names and numbers to help you fill the vacancy.
5. If the clinic has to be canceled everyone's money will be held for the next clinic unless otherwise advised.
6. For your own safety and for insurance purposes we are requiring that all clinic participants wear protective head equipment.
7. Please leave your dogs and small children at home.
8. You must be ready to ride at your scheduled ride time. If you are late for any reason, your lesson ends at the scheduled time and you will not receive a full 45 minute lesson.
9. Shared lessons will be charged \$50.00 per rider with check made out to Mike Osinski and another check for \$20.00 made out to CWDS.
10. Those that are hauling in for lessons need to pay a \$10.00/day haul-in fee to Ellen Roy. The checks can be left in barn tackroom on top of the refrigerator.
11. Please make sure that you clean up after your horse.

Your cooperation and help is greatly appreciated in making the clinic run efficiently and smoothly.

Thank you,

Clinic Organizers