

~ Clinic Registration Form~

Joe Wolter

Horsemanship, Cow Work, Ranch Roping

Clinic Date: October 7, 8 & 9, 2022

Return Registration and Check Payable to:

Cottonwood Creek Equestrian Center, Gail Bloxham
18550 Evergreen Rd., Cottonwood, CA. 96022 530-
347-0212 cottonwoodcreekequest@gmail.com

Name _____

Address _____

City _____

State _____ Zip _____

Contact Phone _____

Email Address _____

How did you hear about the clinic _____

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless Cottonwood Creek Equestrian Center CCEC) or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of CCEC or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by CCEC, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of participation; this is binding upon my executors, heirs and assigns.

I understand the potential dangers at this time of possibly being exposed to the Coronavirus (COVID19) and certify that to the best of my knowledge, I have not been exposed to this virus in the last 30 days nor tested for the Virus or had the Coronavirus.

I release and hold harmless, Cottonwood Creek Equestrian Center from any liability should I acquire the Coronavirus in the future.

I voluntarily and freely acknowledge this with my signature below.

I acknowledge that I have read this Release of Liability, know and understand its contents and the rules and requirements for this event.

I, undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for this event. This shall be binding as to damage or injury that my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: _____ PHONE# _____

SIGNATURE: _____ DATE: _____

A \$400.00 deposit reserves your rider spot. Deposits are Non-refundable & non-transferable. I will hold rider spots verbally for 5 days. Payment in full must be received by September 7, 2022.

Rider: Register by Sept. 7, 2022 ~ \$795.00

After Sept. 7, 2022 ~ \$850.00

Cattle Fee: 2 days..... ~ \$150.00

Clinic Fee Includes Lunch

Overnight Stall:

\$25.00 per day x (#) _____ days \$ _____

Arrival Date _____

Approx. time of arrival _____

Overnight Camping: No Hookups/dry camping only

NO CHARGE in 2022 Yes _____ No _____

Auditor: circle date(s) October 7 8 9

Auditor Name _____

Pre-Registered ~ \$25. per day

Day of Clinic ~ \$30 per day \$ _____

Auditor Lunch \$15.00 per day \$ _____

Please bring a comfy Chair

TOTAL DUE:..... \$ _____

Amount Paid: \$ _____

Date: _____ Check# _____

Balance Due By Sept. 7, 2022 \$ _____

If Paying by Credit or Debit Card Add 3% to total

Credit Card # _____

CVC# _____ EXP Date: _____

Please check: VISA () Mastercard ()

Signature: _____