~ Clinic Registration Form~
Joe Wolter
Horsemanship & Cow Work
Clinic Date: **May 2 & 3, 2026**

Return Registration and Check Payable to:
Cottonwood Creek Equestrian Center, Gail Bloxham
18550 Evergreen Rd., Cottonwood, CA. 96022
530-604-2225 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 April 3, 2026

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Rider: Register by Apr. 3, 2026 ~ _____ $795.00
After April 3, 2026 ~ $895.00 _____

Cattle Fee & Lunch are: Included

Overnight Stall:

$30.00 per day x (#)_____days $_____

Arrival Date_____

Approx. time of arrival_____

Overnight Camping: No Hookups/dry camping only

NO CHARGE in 2026 Yes_____ No_____

Auditor: circle date(s) May 3 4
Auditor Name_____

Pre-Registered ~ $30. per day
Day of Clinic ~ $40 per day $_____
Auditor Lunch $15.00 per day $_____
Dry Camping - $10.00 per day $_____

Please bring a comfy Chair

TOTAL DUE:..... $_____

Amount Paid: $_____

Date:_____ __ Check#_____

Balance Due By April 3, 2026 $ _____

If Paying by Credit or Debit Card Add 4% to total

Credit Card #_____

CVC#_____ EXP Date: _____

Please check: VISA ( ) Mastercard ( )

Signature:_____
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