

Isabella Farms Clinic Entry Forms

Please fill out the following form to ride in a clinic. A 50% deposit must be submitted with an entry form and current coggins in order to hold your slot. Full payment must be received 30 days prior to the clinic date. If you are unable to ride the 50% deposit will only be refunded if there is a waiting list or if you are able to find a replacement rider. The deposit cannot be used for another clinic. There are no exceptions. All riders as well as spectators must sign a release of liability form. Stabling fees must also be paid in advance. All entries are one per horse and rider combination. Please make all checks out to Dawn Chamorro. Please mail all checks to 12638 Huffmeister Rd Cypress, TX 77429.

Clinician's Name: _____

Clinic Dates: _____

Rider's Information

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Rider's Highest Level Completed: _____

Emergency Contact and Phone: _____

Horse's Information

Horse's Name: _____

Breed: _____ Age: _____ Sex: _____ Height: _____

Highest Level Horse Has Completed: _____

Clinic Information

Preferred Day(s): _____ Preferred Time(s): _____

Number of Rides: _____ Amount Per Ride: _____ Total Due for Rides: _____

Day Stall (\$20 per day): _____ Overnight Stall (\$50 per night): _____ Total Stabling: _____

TOTAL DUE FOR CLINIC: _____

Section 87.005, Article C, states:

WARNING UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

RIDERS SIGNATURE

PRINT NAME (RIDER)

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINT NAME