



ED DABNEY *Gentle Horsemanship*

# HORSEMANSHIP CLINIC

## REGISTRATION FORM

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Clinic Location: \_\_\_\_\_ Clinic Date \_\_\_\_\_

Name: \_\_\_\_\_ Rider/Handler over 18 yrs of age? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ (Phone) \_\_\_\_\_

Where did you hear about this clinic? \_\_\_\_\_

Name of horse: \_\_\_\_\_ Age of horse: \_\_\_\_\_

Gender of horse: \_\_\_\_\_ Breed of horse: \_\_\_\_\_ Color: \_\_\_\_\_

Any Horse Health Concerns: \_\_\_\_\_

Previous training: \_\_\_\_\_

\_\_\_\_\_

Problem areas: \_\_\_\_\_

\_\_\_\_\_

Future plans for this horse: \_\_\_\_\_

Training goals: \_\_\_\_\_

Questions or issues you would like addressed at this clinic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What to Bring:** Sack lunch and beverage, Lawn chair, Note pad and pen, all horse tack for participants: snaffle bit (available for purchase at clinic or from our web site prior to clinic) Rope halter with a 12-foot lead (available for purchase at clinic or from our web site prior to clinic) Helmets are recommended, Current Negative Coggins required for participating horses, No dogs or alcoholic beverages please.

<u>PARTICIPANT</u>	<u>HOW MANY</u>	<u>FEE EACH</u>	<u>FEE TOTAL</u>
Rider	_____ X	_____	= _____
After clinic private session (\$85/hour)	_____ X	_____	= _____
Mon. or Tues. after clinic private session scheduled - <b>Day:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____			
Auditor/Spectator	_____ X	_____	= _____
<b>GRAND TOTAL OF ABOVE</b>			<b>\$</b> _____

**DEPOSITS:** ½ non-refundable deposit for all except spectators.  
**Make checks payable to “Ed Dabney Gentle Horsemanship, LLC”.**  
**Visa and MasterCard accepted.** Balance due upon arrival.

**Deposit Payment by Credit Card (circle one):**    Master Card    –    VISA

Name on Credit Card \_\_\_\_\_

Credit Card # : \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security # (3 digit number on back of card at end of signature strip) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Billing Phone #: \_\_\_\_\_

**Check No.** \_\_\_\_\_    **Cash** \_\_\_\_\_

**MINUS DEPOSIT** < \_\_\_\_\_ >    **TOTAL DUE AT CLINIC**    \$ \_\_\_\_\_

**RELEASE and WAIVER** Under Georgia law an equine provider is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to chapter 12 of title 4 of the official code of Georgia Annotated. While every effort is made to ensure a safe, enjoyable experience, horseback riding and all the activities therein are not experienced without some risk. In consideration of, and as part payment for, the right to participate in such horse activities I hereby assume as my personal risk all the hazards and dangers of horseback riding and all associated activities. I release Serenity Creek Equine Center, LLC, ED DABNEY Gentle Horsemanship, LLC, Ed Dabney, his family, employees, associates, assigns, heirs, and landlords from any liability of any kind for injury or damage which may befall me or my property while I am participating in this horse activity.

Signature of:    Student \_\_\_\_\_

Horse Owner or Agent \_\_\_\_\_

Guardian for Minor \_\_\_\_\_

If you have any questions please contact us by email us  
at [training@eddabney.com](mailto:training@eddabney.com) or call **770-314-9254**.