

[06]

## EDDO HOEKSTRA DRESSAGE CLINICS

at

CHESTNUT RIDGE 2012

MAY 5,6 JULY 7,8 SEPTEMBER 8,9 OCTOBER 27,28

CLINIC APPLICATION FORM – Use one form for each date requested

RIDER \_\_\_\_\_ e-mail \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ CELL \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_ TIME (Circle one) AM PM

STABLING (circle one) Y N STABLE WITH \_\_\_\_\_

Rides will be assigned with preference of date and time give to earliest postmark. Ride times will be available 2 days prior to each clinic – call for times or check web site: [www.chestnutridgeequestriancenter.com](http://www.chestnutridgeequestriancenter.com)

Application must be accompanied by payment of \$120. This fee is for a 45 minute private session.

No refund will be made for cancellation by rider or owner. If rider finds a suitable replacement to fill their vacancy, fee will be refunded at end of clinic. Substitutions must be cleared by the organizer, Sue Williams

Stabling is available at \$25 per day. Bedding only supplied. Add stabling fee to clinic check.

Clinics will be held rain or shine.

Certified ASTM helmet must be worn at all times while mounted.

### RELEASE:

I understand that horseback riding is a high risk sport and I am participating in this clinic at my own risk. I hereby assume this risk and further release and hold harmless Chestnut Ridge, its employees and volunteers as well as the clinician from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself, to my property and including the horse I will ride in this clinic.

RIDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail this form and payment with checks made out to:  
CHESTNUT RIDGE PO BOX 372, GASPORT, NY 14067 716-772-2707/2957

[www.hoekstradressage.com](http://www.hoekstradressage.com)

[www.chestnutridgeequestriancenter.com](http://www.chestnutridgeequestriancenter.com)