



ANNE GRIBBONS DRESSAGE CLINIC
@
CHESTNUT RIDGE
7913 Chestnut Ridge Road, Gasport, NY 14067

Saturday, Sunday & Monday August 10, 11, 12 2019

CLINIC/AUDITOR APPLICATION FORM:

RIDER _____ **e-mail** _____

ADDRESS _____

PHONE NO. _____ **CELL** _____

DATE (s) REQUESTED: _____ **TIME (Circle) AM PM**

STABLING (circle one) Y N DAYS _____ **STABLE WITH** _____

AUDITOR @ \$20/day _____ **Days**

Rides will be assigned with preference of time given to earliest submission. Ride times will be available 2 days prior to the clinic – call for time or check web site.

Application must be accompanied by payment of \$325. 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, Dr. Kim Anderson or Sue Williams.

Stabling is available at \$30 per day. Initial bedding 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 Dr. Kim Anderson, 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 check made out to:

ORGANIZER: Dr. Kim Anderson, 84 Prospect St. Attica, NY 14011 585-409-3134

ADDITIONAL INFORMATION: CHESTNUT RIDGE 716-772-2707/2957

www.chestnutridgeequestriancenter.com