

## ENTRY FORM

### PEN-Y-BRYN EQUESTRIAN CENTER 2017 CLINICS

CIRCLE ONE: May 6 and 7    June 24 and 25    July 22 and 23    September 2 and 3

**RIDER NAME** (Please print) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**HORSE NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_

SHORT BIO of horse & rider (include current level of training, goals, issues you would like to address etc). Use back of sheet if necessary.

ONE DAY (\$125.00)\* \_\_\_\_\_ OR TWO DAYS (\$250.00)\* \_\_\_\_\_

OVERNIGHT STABLING (limited availability @ \$40/NIGHT)    YES/NO

Preferred Ride Time (AM/PM)\*\* \_\_\_\_\_

**RELEASE: You assume the risk of equine activities pursuant to Pennsylvania**

**Law.** By participating in the events described within, the participant understands that this is a high risk sport and is participating at his/her own risk. The participant agrees to release and hold harmless Pen-y-Bryn Equestrian Center Ltd., in particular Jeremy and Jan Beale, and its agents and employees from any and all accidents, damages, injury, loss or illness to horses, owners, riders, employees, attendants, spectators or any other person or property loss suffered during or in connection with these events.

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

(Parent or Guardian must sign for minor under the age of 18)

\*In case of a wait list, preference will be given to those riding both days

\*\*We will do our best to accommodate ride time requests as scheduling allows