

Peter Gray Clinic May 28-29, 2016

L'Esprit Equestrian at Oakwood Farm

Rider Name: _____ Horse Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Horse Owner (if different from rider): _____

Horse Owner Address: _____

Owner phone: _____ Owner email: _____

Rider Level (circle one): Starter BN N T P I A

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Junior/Young Rider Age: _____ Parent Name(s): _____

Parent Phone: _____ Parent Email: _____

Stabling (please indicate day stall or overnight): \$25 per night overnight, or \$25/weekend for day stall

Day Stall Saturday/Sunday ____ Fri Night ____ Sat Night ____

ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE:

WARNING: Under the Equine Activity Liability Act, each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk on Equine activity. I understand that this is a high risk sport and I am participating at my own risk. I hereby release and hold harmless: L'Esprit Equestrian, Peter Gray, Oakwood Farm and all others involved from all liability for accidents, damage, injury or illness sustained or caused as a result of my participation in this clinic. (Parent/Guardian if under 18)

Signature _____ Date: _____

L'Esprit Equestrian and USEA releases will be available via email.

Riders will be notified of ride times by e-mail.

Check list: Entry Form with signature ____ Copy of current Coggins ____
 Check made out to L'Esprit Equestrian ____

Send all signed forms and payment to:

L'Esprit Equestrian, PO Box 73, Fox River Grove, IL 60021