

# Peter Gray Clinic     May 12-13, 2018

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

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

Junior/Young Rider Age: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Stabling: \$35 per night, limited availability                     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, 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, Snow Angel Farm 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 \_\_\_\_\_

**\$325 for FRVPC/RCBH members                     \$365 for all others**

**\$35/night stabling, limited**

**Send all signed forms and payment to:**

**Jennifer Rousseau, c/o L'Esprit Equestrian, PO Box 73, Fox River Grove, IL 60021**