

White Rose Equestrian Natural Horsemanship Clinic Registration Form

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name of horse: _____

Emergency Contact Information:

Person's Name: _____ Phone Number: _____

Information:

What do you hope to achieve from the clinic?: _____

Date of Clinic: _____

Cost: \$75 per horse/handler combination, \$25 to audit. Payment should be made payable to White Rose Equestrian and mailed with this application along with a negative Coggins. You are also required to sign an Equine Activities Waiver which can be found on our website at www.WhiteRoseEquestrian.com/forms.

In the event of an emergency: By signing this form I understand that horseback riding and equestrian related activities can be dangerous. I hereby give permission that I (my child) may be administered first aid by any clinic personnel should the need arise. I also give permission that I (my child) may be transported to a hospital chosen by any clinic personnel, treated by a medical professional, given injections, medication, and/or anesthesia and/or surgery as deemed necessary. I agree to be responsible for any cost that may occur as a result of being treated for any medical condition.

Signature: _____ Date: _____

Mail this form to: White Rose Equestrian, 1966 Magnolia Grove Road, Iron Station, NC 28080. For more information call: 704-559-9122.