Dena Kirkpatrick Clinics - Sh

Dateof Event:
Full Name
Street Address
City, State, Zip
Home Phone
Cell Phone
Email
Breed of Horse
Sex Of Horse
Age Of Horse
#1-Emergancy Contact Name
Phone Number
Alternate Phone Number
#2-Emergancy Contact Name
Phone Number
Alternate Phone Number
For Minors under the age of 18
Name Parents/Gaurdian
Birth date of rider
Special Instructions
I recognize the inherent risks of injury involv taking lessons with Dena Kirkpatrick/Pam Bo

taking lessons with Dena Kirkpatrick/Pam Bo voluntarily release Dena Kirkpatrick/Pam Bou responsibility on account of any injury I or m connection therewith, and I agree to indemn her employees and agents on account of any

I understand that there will be no EMT's, Me

Print Name\_\_\_\_\_

Sign Name_	 	
Date:		

ed in horseback riding generally and in learning to ride in particular. In und/ Showtime Arena LLC, I assume any such risk of injury and further, I und/ Showtime Arena LLC, and her, employees, and agents from any y child or ward may sustain while receiving instruction or while riding in ify and hold harmless, Dena Kirkpatrick/Pam Bound/Showtime Arena LLC, ' such claim.

dical Staff or Veterinarian site during any event events

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