



PARELLI NATURAL HORSE·MAN·SHIP

1-day Introduction Clinic Application

With 3-Star Instructor Berin Macfarlane

Name: _____ Date of Clinic: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

I am registering as a **PARTICIPANT** or an **AUDITOR** (*circle one*)

PAYMENT POLICY FOR PARTICIPANTS:

Payment of Half clinic tuition is due thirty days prior to the start date and is necessary to guarantee your position. The tuition fee is non-refundable unless you withdraw 30 days prior to the clinic.

The remaining payment is due two weeks prior to the start date.

Please contact the clinic coordinator about possible additional fees (arena, stalls, etc.). These are paid to the coordinator. Please contact the clinic coordinator if you have additional questions. Deposits and/or payments are non-refundable unless I cancel the clinic, or in case of true medical emergency. Should a participant want to withdraw she/he may find a replacement from the waiting list, which the hosts keeps or from among his/her own acquaintances. There is a \$50 fee if we help in locating a replacement for you.

~Please review and initial each of the following statements.

1. _____ I can safely ride my horse at a walk, trot (Level 2) and canter (Level 3).
2. _____ I have met the prerequisites required for participating in this clinic.

To register, please send this application, the following Liability Release Form and payment to:

Clinic Coordinator

Participant Tuition \$400

Auditor Fee/day \$35

Payment options are check, money order.

I have read, understood and agree to participate within the above guidelines. If under 21, the parent or guardian must read and sign the above, indicating his/her acceptance.

Signed: _____ Date: _____

Parent/Guardian please sign for minor

Participant Information

Name _____

PNH Level Completed _____ Years Experience _____

Any Medical Handicaps _____

In Case of Emergency Contact:

Name _____ Relationship _____

Phone # Cell _____ Home _____

Horse Information

Mare/Gelding _____ Breed _____ Age _____

Any special needs (Participant or Horse) _____

Some things to consider for preparation of your upcoming clinic

Clinics held by Berin Macfarlane

Times:

Start at 9:00am, have a 2-hour break for lunch and resume at 2:00pm and will finish at 5:00pm

Human

- Sun protection – sunscreen, chap stick, hat and sunglasses
- Rain gear – Rubber boots, hat, and rain coat for riding and for walking if muddy
- Riding clothes and layers of clothes – Whatever you usually ride in—jeans, jodhpurs, boots, long and short sleeve shirts, etc.
- You may want a pocket size one as well for taking notes while horseback
- Suitable footwear for riding – This would include boots with flat soles and a heel.
- Water and food to help you with-stand the elements all day
- Insect repellent
- Comfortable chair

Horse

- Your normal feed ration including hay, grain and supplements– you are responsible for your horse's feeding, watering and manure cleanup
- Buckets for food and water
- Appropriate equipment for the class you are attending. You might consider marking your equipment with colored tape or some other type of identification
- Grooming tools
- Insect Repellent
- Blanket, rain sheet and/or fly sheet which ever is relevant to the class date and location
- Current Negative Coggins if applicable– check with the coordinator if you are unsure if a Coggins is required
- Current Health Certificate.
- **NO DOGS ARE PERMITTED**
- **NO STALLIONS ARE PERMITTED**

Berin Macfarlane, Licensed Parelli Professional
AGREEMENT AND LIABILITY RELEASE FORM

I, _____ acknowledge that I have voluntarily applied to attend, audit or participate in an instruction class, demonstration or clinic with Berin Macfarlane.

Clinics, Lessons & Training – Release of Liability Agreement:

I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property and myself. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling, or riding either my horses or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release Berin Macfarlane, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Berin Macfarlane, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Berin Macfarlane, host facility and sponsors, and their agents and employees against all claims, demands, and causes of actions, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have read this release of liability and know and understand its contents.

I do hereby give Berin Macfarlane and parties designated by him the irrevocable right to use my name, video image or photograph in all forms of media and in all manners for advertising, display, exhibition and inclusion in commercial products or any other lawful purposes. In addition I waive my right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also waive the right to any financial recompense for the use of my voice, physical image and participation in this event. ***This release is valid unless revoked in writing.***

This release is given freely by the participant and is meant to remain in effect throughout the duration of the equine activity.

Signature _____ Date _____

Printed Name _____

Legal guardian (if participant is a minor) _____