



# Wendy Wergeles Eventing Clinic May 6-7, 2017

### Rider's Information

Name:		Age:
Address:		
City:	State:	Zip:
Contact Phone:	Email address (clearly, please!)	

### Horse's Information

Horse's Name:	Special Stabling Requests or Needs (stalls or paddocks will be available).
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This clinic is USEA Area VII Adult Rider approved so you are eligible for a **\$50 rebate** if you are a 2017 Area VII AR member! Contact [magnags@aol.com](mailto:magnags@aol.com) for membership and rebate details.

### Clinic Information

	Participation: check one	Fees:	Total:
May 6-7, 2017 Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	<input type="checkbox"/> Riding	<b>Clinic including Stabling: \$195</b> <b>Reserved indoor stall \$25/weekend</b> <b>Auditing \$10 per day</b> <b>Dog Fee \$50 /weekend</b>	Indicate Amount Enclosed:
Note: <b>Dressage lessons</b> may be available at an extra charge. Please note <b>HERE</b> if you are interested. Organizer will contact you accordingly.			Make checks payable to: Tulipsprings, LLC
Clinic will follow the standard format of group stadium lessons on Saturday and group cross country lessons on Sunday. Groups will approximately 3 people each, possibly smaller. Each group will ride 1.5-2 hours per day.			

### Experience

Maximum height you are comfortable jumping, level of experience and other information regarding goals, issues, etc. Please include highest level competition *completed* with this horse.

Please check below the level that you are most competent at with THIS horse:

BN Beginner Novice  
  N Novice  
  T Training  
  P Preliminary  
  I Intermediate  
  A Advanced

### Release

I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizer, instructors, agents, volunteers and hosts of this Clinic and the owners of any property on which the Clinic is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself or my property, including the horse I am riding at the Clinic.

Name (Please print):	Date:
Signature:	

**Please return completed form, **release**, and your check payable to Tulipsprings, LLC:  
Carol Curry  
412 East Canyon Dr., Kennewick, WA 99337  
Open date is Feb 14, 2017 and refund deadline is April 5, 2017.  
After Deadline, no refunds unless place is filled.**

**PLEASE INCLUDE A SIGNED RELEASE FORM FROM THE TULIPSPPRINGS WEBSITE**  
<http://tulipsprings.com/rules/docs/TulipspringsRelease.pdf>