



# Eric Smiley Eventing Clinics March 9-12, 2017 (2 Clinics!)

### Rider's Information

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

### Clinic Information

	<b>Fees: Circle as apply and then &gt;&gt;</b>	<b>Total:</b>
Tulipsprings Eventing Kennewick, WA www.tulipsprings.com	<b>Thurs/Fri Clinic including stabling: \$345</b>	
	<b>Sat/Sun Clinic including stabling: \$395</b>	
	<b>Reserved indoor STALL: \$25/clinic</b>	
	<b>Auditors per person \$20/day</b>	
	<b>DOG FEE \$50/clinic</b>	
Choose your clinic for <b>Thursday and Friday</b> , or for <b>Saturday and Sunday</b> . OR BOTH!! Each clinic will be Stadium on Day 1 and Cross Country on Day 2, with different exercises in each clinic (to benefit those riding in both). Additional lessons may be available on Thursday and Friday if that clinic is not otherwise full. <a href="#">Circle here if interested in extra lessons</a> . Organizer will contact you to set this up when details are available.		Make checks payable to: Tulipsprings, LLC

### 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**

**(This is not the facility address!)**

**Open date is November 18 and refund deadline is February 1, 2017.**

**After Deadline, no refunds unless place is filled.**

**PLEASE INCLUDE A SIGNED RELEASE FORM FROM THE TULIPSPRINGS WEBSITE**  
[http://www.tulipsprings.com/rules/docs/Tulipsprings\\_Release.pdf](http://www.tulipsprings.com/rules/docs/Tulipsprings_Release.pdf)