



**Eric Smiley  
Eventing Clinic  
October 1-2, 2016 (+Thurs/Fri options)**

**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>Core Clinic** including stabling:</b> \$350	
	<b>Reserved indoor STALL:</b> \$25/wkend	
	<b>Auditors per person</b> \$15/day	
	<b>DOG FEE</b> \$50/wkend	
<b>** Note:</b> Core clinic is Saturday and Sunday. Additional lessons will be available on Thursday and/or Fri. Prices tbd. <b>Please circle the date(s) for additional lessons Thursday 9/29 and/or Friday 9/30. You may also ride your clinic on Thurs/Fri if you prefer.</b> Organizer will contact you later to set this up.		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:

<input type="checkbox"/> BN	<input type="checkbox"/> Beginner Novice	<input type="checkbox"/> N	<input type="checkbox"/> Novice	<input type="checkbox"/> T	<input type="checkbox"/> Training	<input type="checkbox"/> P	<input type="checkbox"/> Preliminary	<input type="checkbox"/> I	<input type="checkbox"/> Intermediate	<input type="checkbox"/> A	<input type="checkbox"/> Advanced
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**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:
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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 June 20 and refund deadline is September 1, 2016.  
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)