



CREEK HOLLOW RANCH, INC.

Enriching lives through horse-human interaction

PRESENTS PATRICE EDWARDS CLASSICAL DRESSAGE CLINIC

2010

Rides from 7:30 AM to 6:00 PM, lunch 12:15 – 1:15

I would like to ride in the clinic on _____ (date),

Please fill information and check **PREFERRED** ride time

Rider	Horse	Fri AM	Fri PM	Sat AM	Sat PM	Sun AM	Sun PM

Rides are 45 minutes and \$125/ride. Please include a 50% deposit on ride fees. Deposits are required to secure ride times. Clinic riders have access to all events and one guest pass is included per rider (no audit fee required for significant other/groom/owner).

Complimentary beverages, pastries and fruit provided.

Complimentary lunch will be provided on Friday, Saturday and Sunday at Colleen's house for all riders.

Complimentary potluck dinner on Saturday evening at 6:30 pm at Colleen's house for all riders.

Additional lunches and potluck dinner for significant others/grooms/owners may be purchased in advance, see next page to order.

Balance of ride fees, stable fees and additional lunch/dinner fees must be paid prior to ride.

Horse information to be included with ride schedule (PLEASE complete this portion),

Horse name _____ Breed _____ Age _____ Training to/Riding at _____ level

Comments/Goals _____

Horse name _____ Breed _____ Age _____ Training to/Riding at _____ level

Comments/Goals _____

I would like to audit this clinic,

Name	Sat	Sun

There is an audit fee of \$25 for one day or \$50 for all three days. Audit fees may be paid in advance or upon arrival.

Complimentary beverages, pastries and fruit provided.

Lunch on Friday, Saturday and Sunday may be ordered and paid for 7 days in advance and will be at Colleen's house.

See next page to order.

For additional information contact Colleen Burman
Tel: 760-789-4875 Fax: 760-789-7792 e-mail: colleen@creekhollowranch.com
26131 Old Julian Hwy., Ramona, CA 92065

PARTICIPANTS PLEASE COMPLETE ALL THAT APPLY, READ AGREEMENT AND SIGN BELOW

CLINIC FEES

RIDERS ONLY:

I would like _____ ride(s) in this clinic. 50% of this total is due upon registration as a deposit to reserve ride(s). \$125/ride _____

I will require _____ stall(s) for Thursday ____, Friday ____, Saturday ____, Sunday _____. \$150/weekend _____
 Stalls are 10 x 20 with solid walls and decomposed granite floors. Two bags of shavings are included.

I would like _____ additional lunches on Friday _____ Saturday _____ and Sunday _____. \$10/lunch _____

I would like _____ additional dinners on Saturday. (Riders only for significant other, groom, owner, guest) \$20/dinner _____

AUDITORS:

I would like to audit this clinic on Friday ___ Saturday ____, Sunday _____. \$25/day or any portion thereof or \$50/three days _____

I would like lunch on Friday _____ Saturday _____, Sunday _____. \$10/lunch _____

TOTAL FEES _____

PAYMENT INFORMATION: Payments may be made by check or credit card

Total paid upon registration (Minimum deposit of 50% of ride fees required) _____ Check # _____ or Credit Card _____
 Date Paid _____

Balance Due prior to ride _____ Check # _____ or Credit Card _____
 Date Paid _____

Credit Card Number (MC, V, AE, Disc) _____ Exp. Date ___/___ CVC# _____ (3 digit code on back)
 (4 digit code on front of AE)

Agreement between Creek Hollow Ranch, Inc., hereinafter referred to as RANCH, and clinic participant hereinafter referred to as User, and, if User is a minor, User's parent or guardian. For consideration received, and in return for the use at the clinic of the property, facilities and services of RANCH, RANCH's instructors, employees, drivers and agents; User, User's heirs, assigns, and representatives, hereby agree as follows:

1. Inherent Risks and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.
 User acknowledges that horses, by their very nature are unpredictable and subject to animal whim. User assumes all risks in connection therewith, and expressly waives any claims for any injury or loss arising therefrom. User agrees to abide by and follow RANCH's rules and regulations, which shall be posted and/or available from time to time. User further acknowledges that the behavior of any animal is contingent to some extent upon the ability of User. User assumes all risks therefor and warrants a full and fair disclosure of Rider's abilities has been made to RANCH.
2. User agrees to assume any and all risks involved in or arising out of User's use of any arena on the premises of RANCH.
3. USER (OR USER'S PARENT OR GUARDIAN IF USER IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND RANCH AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH USER'S USE OF OR PRESENCE UPON THE PROPERTY OF RANCH AND THE FACILITIES LOCATED THEREON. In the event User is a minor, the parent or guardian shall further indemnify, defend and hold RANCH harmless from any such claims by said minor child.
4. User warrants said horse(s) shall be free from infection, contagious or transmittable diseases. RANCH reserves the right to refuse access or use of any horse upon the premises that does not appear to RANCH to be in good health, or is deemed dangerous or undesirable.
5. Per Mr. Belasik's Clinic contract, "We recommend that all participants be within the normal range of the Body Mass Index." (www.paulbelasik.com/bmi_table.html)
6. The opinions expressed at this clinic are solely those of Mr. Belasik.
7. With signature and deposit noted above, User accepts this agreement and notes that deposits are non-refundable, cancellation of a ride within two weeks of the clinic date will result in a forfeit unless rider's spot can be replaced, otherwise deposit may be applied toward future clinics within one year of date of clinic entered.

Name _____ Home Phone Number _____

Address _____ Cell Phone Number _____

City _____ State _____ Zip _____ Email _____

Signature

Date

Directions:

From west of Ramona, Hwy 67 or 78, continue East on Main. Just past the Sizzler, turn Right on 3rd St., 3rd turns into Old Julian Hwy. At the 2.0 mile marker of Old Julian Hwy., turn left to remain on Old Julian Hwy. At the 5.5 mile marker, turn right onto Creek Hollow Drive. Continue 3/10 mile onto ranch.

From the inland areas proceeding west on Hwy 78. Just past Golden Eagle ranch, turn left on Old Julian Hwy. Just past the 7 mile marker is the entrance at 26131 Old Julian Hwy.