



CREEK HOLLOW RANCH, INC.

Enriching lives through horse-human interaction

PRESENTS
PATRICE EDWARDS CLASSICAL DRESSAGE CLINIC

Rides from 8:00 AM to 5:00 PM, lunch 12 – 1

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

Please complete and write in PREFERRED ride time for each day. Times are not guaranteed and are scheduled on a first come first serve basis. As these clinic fill up quickly, we recommend early registration to ensure preferred ride times.

Table with 6 columns: Rider, Horse, Day 1, Day 2, Day 3, Day 4. It is currently empty.

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 Clinic Days for all riders.

Complimentary potluck dinner on one clinic 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.

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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 \_\_\_\_\_

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I would like to audit this clinic,

Table with 5 columns: Name, Day 1, Day 2, Day 3, Day 4. It is currently empty.

There is an audit fee of \$20 for one day, \$35 for two days or \$50 for all days. Audit fees may be paid in advance or upon arrival.

Complimentary beverages, pastries and fruit provided.

For additional information contact Colleen Burman
Tel: 760-789-4875 Fax: 760-896-6116 e-mail: colleen@creekhollowranch.com
25279 Creek Hollow Dr., Ramona, CA 92065

For more information about Patrice Edwards please visit our website at www.creekhollowranch.com.

**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 Day 1 \_\_\_\_\_, Day 2 \_\_\_\_\_, Day 3 \_\_\_\_\_, Day 4 \_\_\_\_\_ \$25/day \_\_\_\_\_  
 Stalls are 10 x 20 with solid walls and decomposed granite floors. Shavings available for purchase (\$10/bag).

I would like \_\_\_\_\_ additional lunches on Day 1 \_\_\_\_\_, Day 2 \_\_\_\_\_, Day 3 \_\_\_\_\_, Day 4 \_\_\_\_\_ \$10/lunch \_\_\_\_\_

I would like \_\_\_\_\_ additional dinners for Potluck. (Riders only for significant other, groom, owner, guest) \$25/dinner \_\_\_\_\_

**AUDITORS:**

I would like to audit this clinic on Day 1 \_\_\_\_\_, Day 2 \_\_\_\_\_, Day 3 \_\_\_\_\_, Day 4 \_\_\_\_\_ \$20/1 day, \$35/2 days, \$50/3 or more days \_\_\_\_\_

**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 \_\_\_\_\_  
 Make Checks payable to Creek Hollow Ranch. Date Paid \_\_\_\_\_  
 Send registration and payment to: 25279 Creek Hollow Dr., Ramona, CA 92065  
 Balance Due prior to ride \_\_\_\_\_ Check # \_\_\_\_\_ or Credit Card \_\_\_\_\_  
 Date Paid \_\_\_\_\_

Credit Card Number (MC, Visa) \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_(3 digit code on back)

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. The opinions expressed at this clinic are solely those of Patrice Edwards.
6. 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 and proceed to indoor arena.

**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.