

## ***Gwen Stroud Horsemanship*** **Spring Tune-up Clinic Contract**

Clinic instructor will be Gwen Stroud. This contract outlines the specific details for registration. Please read carefully and then sign this contract page and return it, along with your clinic fee, *Emergency Information and Liability Release* form to Gwen Stroud at 15750 Siesta Grove, Colorado Springs, Co. 80908.

The cost of this one day clinic for one rider with one horse is \$175. *A non-refundable deposit of \$85 will hold your place at the clinic and the balance (\$90) will be due at the 8:30 check-in.* Make checks payable to Gwen Stroud. Maximum class size is 12 riders.

**Clinic Schedule:** Check-in 8:30am.

Morning session 9am-12:30pm. Assemble in arena with horse in halter and lead for ground work

Afternoon session is 1:30-5pm. Assemble in arena ready to ride.

You will need to bring your lunch/snacks as there are no eating establishments near by.

Each session will contain breaks.

- ✓ The horse you bring to the clinic must be able to walk, trot, canter/lope under saddle, and must be able to tolerate the presence of other horses. The more riding time on the horse the better. If you have a choice of horses, please bring the horse you are most comfortable with and the one that is the most broke. What you will learn at the clinic you will be able to take home and apply to all your other horses. These criteria will make your clinic experience more enjoyable and the training will be that much easier for you and your horse. ***Do not bring a stallion.***
- ✓ You must have papers showing current immunizations.
- ✓ It is understood that due to the nature of horse training and handling in general, accidents can occur. You are advised to wear a protective helmet for your own safety and to put protective boots on your horse.
- ✓ Upon signing this agreement/contract, you agree to release Gwen Stroud, her staff and family from all responsibility regarding: injury to you; your horse; loss, theft, or damage to any items you may have brought with you.

**Please write the following statement on the lines provided below:** “I have read and understand this agreement/contract in full and agree to all terms herein. I understand that this is a group riding clinic and I can safely ride my horse around other horses.”

---

---

---

---

Clinic Date: \_\_\_\_\_ Your email address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_