

Anne Kursinki Jumping Clinic @ Valhalla Equestrian December 1-3, 2017

3 sessions each Saturday and Sunday (private lessons Friday 8-3):

- **Child/Adult 2'6"-2'9"** – 9:00am – *child or adult rider with familiarity & comfort jumping 2'6" through 2'9"*
- **Hunter/Jumper 3'** – 11:00am – *child or adult rider with familiarity & comfort level jumping 3' to 3'3"*
- **3'6" and over Jumpers** – 2:00pm

\$750 for Clinic – Includes: 1 stall (shavings extra), 1 session per day, lunch both days

\$525 for private lesson - \$700 Semi-Private (2-3 people)

**Auditing: \$65 in advance, \$75 day of
Special youth auditing fee of \$45 (under 18)**

Proof of negative coggins (within 12 months) will be required at check in

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Number of Sessions (2 days): _____ X \$750 = _____

Shavings per bag: _____ X \$10ea = _____

Private or semi-private Lesson: _____ X \$520/\$700 = _____

Total Amount Enclosed: _____

Stable with: _____

Special Requests: _____

**Please fill out attached
rider information sheet
and sign the Hold Harmless
Agreement**

Mail Reservations To:
Kathy Brooks
**3700 Morning Dove
Drive Plano TX
75025**

Questions? Call Anne:
(940) 594-9275

While we will make every effort to honor your stabling and special needs, there may be circumstances that make us unable to accommodate all requests. Clinic spots are non-refundable and will be filled on a first come, first served basis. NO OUTSIDE SHAVINGS ALLOWED

Rider Session Information

Session 1:

Circle One: C/A 2'6"-2'9" H/J 3' 3'6" Jumpers

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Clinic Goals for this mount: _____

Current Issues with this mount: _____

Session 2:

Circle One: C/A 2'6"-2'9" H/J 3' 3'6" Jumpers

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Clinic Goals for this mount: _____

Current Issues with this mount: _____

Private Lessons:

Horse Name: _____

Horse Age: _____ Sex: M G S Height: _____ Breed: _____

Goals for this mount: _____

Current Issues with this mount: _____

ARRIVAL INFORMATION:

Gates Open & Clinic Check-In begins at Noon Friday Dec 1st unless you are scheduled for earlier private lesson.

Valhalla Equestrian – 3555 Sauls Road, Aubrey, Texas 76227

Please be prepared to show proof of Proof of negative coggins (within 12 months) at the office upon arrival.

Stabling assignments will be available at check in.

Please unload your horses and necessary equipment quickly and park trailers in the designated trailer parking area to allow everyone the opportunity to do so safely.

Equine Activity Release and Hold Harmless Agreement

1. I the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Valhalla Equestrian, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, any interactions with other horses.
3. Understanding those risks I hereby release Valhalla Equestrian, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with Valhalla Equestrian from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride a horse owned or operated by myself or anyone else while on the property of Valhalla Equestrian.
4. I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.
5. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.
6. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: mounting; riding; dismounting; walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; falling off horse whether horse is bucking, flipping, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

Date: _____

Person voluntarily entering into this Release and Hold Harmless Agreement:

_____/s/ signature

_____Printed Name

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

_____/s/

_____Printed Name