



## Clinic Entry Form

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birthday (if under 19 yrs.): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Participant's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Horse's Name: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Level of Experience (e.g. years/level of riding, horse's training, discipline, interest, etc. as applying to clinic entered): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***"I understand that by signing this document I give up all legal rights I and/or my minor child/ward would otherwise have in the event of personal injury, death, and/or property loss. I have read this document, I understand and agree to its terms, and I choose to sign it."***

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Signature of Parent or Guardian if Participant)

\_\_\_\_\_  
(Parent or Guardian's Name Printed)

Under 19 years of age at Date of Signing)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Clinic  \$150.00 Stall  \$20.00 per night # of nights \_\_\_\_\_

**Please make checks payable to Double K Quarter Horses, LLC.**