



Proudly presenting:

# MARY D'ARCY CLINIC

Saturday & Sunday, March 4<sup>th</sup> & 5<sup>th</sup> 2017

**Fees: \$350 per Horse**

**Clinic Organizer: Dynah Korhummel**

**Accepting 16 entries only due to limited daylight hours.**

**Stabling Fees: \$30 per Stall**

**1501 72nd Ave NE ✎ Norman, OK 73026 ✎ (925) 580-9841**

**Closing Date: Monday, February 27<sup>th</sup>, 2017.**

**Ride Times: Will be posted on site & on Facebook Thursday, March 1<sup>st</sup> after 3:00 pm.**

- ✎ No telephone entries accepted.
- ✎ All entries must be completed in their entirety.
- ✎ Checks payable to Feather Creek Farm
- ✎ One entry per horse/rider combination.
- ✎ Payment is due with clinic entry- *not considered an entry without it.*
- ✎ No clinic money returned for rider cancellation of entry.

\*\*\*\*\*

## ENTRY FORM: (one entry per horse/rider combination)

Rider: \_\_\_\_\_ Horse's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Clinic Division: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Clinic Fees: \_\_\_\_\_ + Stall Fee (If applicable: \$30/ night): \_\_\_\_\_

= Total Fees: \_\_\_\_\_

**THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING:** *I am participating in this equestrian sport. I understand that this is a high risk sport. I hereby assume all risks and further do hereby release and hold harmless Feather Creek Farm, and Dynah Korhummel from liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse(s) which I will ride. I agree to wear protective headgear while riding which meets the standards currently imposed by United States Equestrian Association. I have read and do understand and agree to all the above information. My signature below is an affirmation of my agreement.*



Rider Signature

Date

Owner or Agent Signature

Date