

NDHE Clinic Application

Warning: If a horse is acting up during preparation for, or during the event, owners will be asked to remove the horse from the event without a refund. Please be considerate of others and your horse. If you feel he isn't ready or is acting up, trust your instincts and keep yourself and others safe by politely removing yourself from the event.

Please fill out the following form and accompany it with:

1. Horse rules and regulations, release waiver and stall rental agreement (if needed)
2. Once your information has been received and approved your application will be considered confirmed and **your payment will be processed and is non refundable unless deemed appropriate by the board.**
3. Payment: \$150 per clinic OR \$350 for 3 clinics total (dates of clinics don't matter) *Check made payable to North Dakota Horse Expo is due with your application for the total amount of all the clinic fees OR you can pay via paypal to NDEquineA@gmail.com. (A \$50 fee will be applied to a check payment returned insufficient funds, closed account or any other reason. Payment must then be made to include the return fee plus the clinic costs with 3 days of notification or entry will be denied.)*
4. Clinic fees DO NOT INCLUDE: stall rental, or admission fees.
5. If you wish to participate in the Pre-Show Parade to Gladius please add a note with the clinics you are applying for.

Name of Rider: _____ Age (if junior) _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

Name of Horse: _____ Age: _____ Sex: _____

Breed: _____ Is your horse Broke? _____

If so, what discipline(s) do you ride your horse: _____

Briefly describe your horse experience level, riding discipline or any other information deemed relevant:

What are 3 goals you would like to achieve during your time with the clinician at the expo.

- 1) _____
- 2) _____
- 3) _____

Give us a written description of your horse's training, history, relevant issues or concerns that may pertain to the clinic you're applying for,

For what clinic(s) do you wish to apply? Which dates/times would be preferable to you?

Check Enclosed
*payable to North Dakota Horse Expo

PayPal - NDEquineA@gmail.com

On this ____ day of _____, 2019, I, _____ have read the above terms and am participating of my own free will. I am aware of and accept all risks involved in participating in such an event. I accept all responsibility for myself and my horse(s) during the expo, I am financially and fully responsible for all injury, illness, property damage or death of myself, my horse or any human, property or animal I may come into contact with. As stated in the North Dakota century code: 53-10-01 definitions and 53-10-02. " an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant engaged in an equine activity, and, except as provided in subsection 2, no participant or participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity."

I have signed a copy of and agree to the horse rules and regulations, and release of liability waiver and agree to all terms listed in this contract.

Signature of responsible party: _____

Printed name of responsible party: _____

Date: _____