



**B-C MELLO ARENA**  
GOLDENDALE, WA

## **Advanced Ranch Trail Clinic** **May 1-3, 2020**

Instructor: Mary Jane Brown & Team

**FRIDAY-SUNDAY - 9AM START**

Includes: Continental Breakfast & Lunch Each Day

*\$395 for Clinic*

*\$150 Deposit Required – Non Refundable††*

**Make Check Payable to:**  
*Cindy Mello*

**Mail Form & Check to Cindy Mello:**  
*176 Horseshoe Bend Rd, Goldendale, WA 98620*

#STALLS REQUESTED \_\_\_\_\_ / DRY CAMPING \_\_\_\_\_  
*\$10/Night Stalls - \$10/Night Dry Camping*

**Exhibitor Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Horse Name** \_\_\_\_\_ **Age** \_\_\_\_\_

†† - Deposit is required to hold your spot in clinic, balance due at beginning of clinic. It is a non-refundable and non-transferable deposit, without a Doctor's Letter or Veterinarian's Letter, releasing your horse & you do not have another horse you can use. If you have any questions, please call us 509-250-0726.

Youth riders must have parent's signature. By my signature, I hereby release MJB CLINICS & B-C Mello facilities, its owners, officers, directors, agents, employees, volunteers, horse owners and landowners, from any & all liability on account of loss, damage or injury that I or any person whom I allow upon B-C Mello facilities premise may incur. I hereby certify that every horse is eligible as entered. I make these entries at my own risk & am subject to the rules of this show & I agree for myself & my representatives to be bound thereby. I hereby personally assume all risks in connection with this activity and I release B-C Mello facilities, and other facilities used for the purpose of the clinic or retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at B-C Mello facilities or other facility used for the purposes of this activity, including, but not limited to loss of compensation. Once the clinic or retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

**Exhibitor or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_