

Karyn Shirley Clinic Reservation Form

~ For clinic classes, make check to Karyn Shirley. Stall & camping checks make to Blue Fountain Farm *~*

Name

Address

Phone

Email

Horse/Rider Team:

Fill in name, number of nights and check your accomodation choice & circle sex of horse.

Horse Name	Mare	Gelding	Stud	# of Nights	
	Box Stall	Corral			

Horse Name	Mare	Gelding	Stud	# of Nights	
	Box Stall	Corral			

Camping on site	# of nights	Price
Dry Camp		\$ @ night

Special instructions

If you are planning to stay at a motel/hotel please indicate which one and the contact information for this lodging in case of an emergency at the clinic site. If you do not have this information yet, please let us know ASAP.

Motel Name	Phone Number	Room # (when known)
-------------------	---------------------	----------------------------

I hereby release and hold harmless Purple Sage Equine, Karyn L Shirley, Steve Morrill, Blue Fountain Farm, Michele DeCamp, Dawn Humburg, their families, officers and members from any liability and from claims of any kind that might result from damages, injuries, or losses to me, my horse(s), anyone with me or to my personal property for any reason. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES. I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

By signing this I acknowledge that I have read the aformentioned release and agree to abide by it.

Signature of horse owner

Signature of person riding