

Karyn Shirley Clinic Reservation Form

For clinic classes, make check to Karyn L Shirley.

*** 50% non-refundable deposit required to hold a slot.***

Name _____

Address _____

Phone _____

Email _____

Horse/Rider Team: _____

Group session

Three half-day sessions of focused work.

Clinic Date: _____

\$225

Group session

One half-day session of focused work.

Clinic Date: _____

\$100

Private Lesson

How
Many

1 hour one-on-one instruction

Clinic Date: _____

\$50

Special Event

TBD

Remarks or special needs: _____

I hereby release and hold harmless Purple Sage, Equine, Karyn L Shirley,

the clinic host (_____),

the hosting facility (_____),

their family, employees, 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 aforementioned release and agree to abide by it.

Signature of horse owner

Signature of person riding