

Waylon Roberts Clinic Entry Form

November 11 & 12, 2017 at Kildare Riding Academy and Stables

2416 Springville Rd, Wooster, Ohio 44691

cainb@sssnet.com/330-466-8122

Rider's Name _____ Age (If Under 18) _____

Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Horse's Name _____ Breed _____ Sex _____

Interested in Schooling In _____

RELEASE: I understand that this is a high risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Organizer, Organizing Committee, Judges & Officials, Employees & Volunteers, the Host of the clinic and the Owners of the property on which the clinic is to be held, from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including the horse or horses which I will ride at this clinic.

Rider's Signature _____ Owner's Signature _____

Parent/Guardian's Signature if under 18 _____

Please make checks Payable to **Cain Equestrian Enterprises, LLC**. **Full payment is due October 16, 2017. Please mail to Cain Equestrian Enterprises, LLC at 2416 Springville Rd, Wooster, Ohio 44691.** *****There has been a lot of interest expressed, so there is a possibility of a waiting list. If you need to cancel for any reason you will receive a full refund, if your spot is filled by someone on the waiting list.

\$200/horse & rider for both days \$ _____

Stabling \$25/stall(weekend) \$ _____

Bagged Shavings \$6.50/bag \$ _____

Total \$ _____