

# Ranch Roping & Ranch Cow Working Clinic Entry & Reservation Form

\*~\* For clinic classes, make check to Karyn L Shirley.

**Name**

**Address**

**Phone**

**Email**

**Horse/Rider Team:**

50% (\$175) non-refundable deposit required to hold a slot.

<b>January 21/22, 2017</b> <b>\$350</b>	<b>February 18/19, 2017</b> <b>\$350</b>	<b>March 18/19, 2017</b> <b>\$350</b>
Mark this box: <input type="checkbox"/>	Mark this box: <input type="checkbox"/>	Mark this box: <input type="checkbox"/>
<b>July 29/30, 2017</b> <b>\$350</b>	<b>Notes:</b>	
Mark this box: <input type="checkbox"/>		

<b>Horse overnight</b>	Pipe corrals no cover, you supply feed etc & clean up after yourself \$15 per night	# needed	
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Dry camping is available on site.

Camping on site	# of nights	Price
Dry Camp		\$10 @ night
w/portable corral		\$20 @ night

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.

<b>Motel Name</b>	<b>Phone Number</b>	<b>Room # (when known)</b>
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I hereby release and hold harmless Purple Sage Equine, Karyn L Shirley, 5 Clover Ranch, CW &/or Denise Conner, Scott Van Leuven, Andrea Zeller, their 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 aformentioned release and agree to abide by it.**

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Signature of horse owner

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Signature of person riding