

# Waylon Roberts Clinic Entry Form

September 29 & 30<sup>th</sup>, 2018 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 September 5<sup>th</sup>, 2018. 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.

\$225/horse & rider for both days \$ \_\_\_\_\_

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

Bagged Shavings \$6.50/bag \$ \_\_\_\_\_

**Total \$ \_\_\_\_\_**