

2 Day Balanced Horseman Clinic

WE WELCOME YOU TO THE CRYSTAL CREEK RANCH TWO DAY BALANCED HORSEMAN CLINIC. THIS CONTRACT IS TO OUTLINE THE SPECIFIC DETAILS. PLEASE READ THIS CAREFULLY. **PLEASE THEN SIGN THE CONTRACT AND RETURN IT, ALONG WITH YOUR CLINIC FEE, EMERGENCY INFORMATION, VIDEO RELEASE, HORSE DISCLOSURE, HORSE PAPERS AND LIABILITY PAGES TO THE OFFICE AS SOON AS POSSIBLE.**

The cost of the two-day riding clinic for one rider with one horse is \$375.00. A NONREFUNDABLE DEPOSIT of \$100.00 is required to reserve your spot. This is a clinic with very limited riders, and as time gets closer to the clinic, spots are difficult to fill. The balance due of \$275.00 must be paid by 15 days prior to the clinic. Payment may be made by check, money order, PayPal or cash.

This two-day training clinic is all about improving you, your horse and the connection between you. We will be covering introduction to yoga, introduction to aromatherapy and improving communication between you and your horse.

The office must have a liability release on file for any person that will be at the training grounds. Please send the liability forms to the office well in advance of arrival. If you need additional forms, please contact the office, and we will send them to you.

Please keep in mind that it is your responsibility to help keep the training grounds neat and clean while you are at the facility. Please clean up after your

horse and keep all personal trash picked up at all times.

Please take it upon yourself to be thoughtful of the students that will be attending with you. Keep in mind to be respectful of other horses and people. We wish for all of you to be greatly benefited from your experience with Crystal Creek Ranch.

Clinic Agenda:

Saturday:	9 – 10	Intro to yoga
	10-12:30	Riding
	12:30 – 2	Lunch
	2-3	Intro to Aromatherapy
	3-5	Riding
Sunday:	9 – 10	Yoga
	10 – 12:30	Riding
	12:30 – 2	Raindrop Demo
	2 – 4	Riding

Participation is Restricted to individuals ages 18 or older.

- The horse you bring to the clinic must be able to walk, trot and canter under saddle and must be able to tolerate the presence of other horses. **Do not bring a stallion.**
- Participants will be responsible for the care and feeding of their horse.
- You will be provided one paddock for your horse. Primitive camping is available.
- A current veterinarian's health certificate (if crossing state lines), and a negative Coggins test are required from all participants. Please fax, email, or enclose a copy to our office - **keep your original paper work.**
- It is understood that, due to the nature of horse training and handling in general, accidents can occur. You are advised to wear a protective helmet for your own safety and to put protective boots on your horse.
- Upon signing this agreement/contract, you agree to release
 - Crystal Creek Ranch, it's staff and familyfrom all responsibility regarding injury to yourself or to your horse, loss or theft, or damages to any items you may have brought with you.
- Upon signing this agreement/contract, you agree to Iowa County, Wisconsin, as venue for any legal action that may be commenced under this agreement.

By signing below, I am stating that: "I have read and understand this agreement/contract in full and agree to all terms herein. I understand this is a group riding clinic and I can safely ride my horse around other horses."

Clinic Date: _____

Signature: _____

Date Signed: _____

Please note: Videotaping is not allowed.

Horse Disclosure

Signature of Rider:

Clinic Location and date:

The horse you bring to the clinic must be able to walk, trot and canter under saddle and must be able to tolerate the presence of other horses and riders. The more riding time on the horse, the better. Stallions are not preferred. Please leave them at home and choose another horse. What you will learn at the clinic you will be able to take home and apply to other horses. These criteria will make your clinic experience more enjoyable, and the training will be that much easier for you and your horse.

Name of horse: _____

Sex of horse: _____

Breed: _____

Personality of my horse: (Please use the back of this paper if you need more room.)

Please check yes or no to the following:

YES NO

Does your horse bite? _____

Does your horse kick? _____

Does your horse buck? _____

Does your horse rear? _____

Does your horse get along
with other horses and riders? _____

Do you believe your choice of horse is suitable for this clinic?

EMERGENCY INFORMATION

PLEASE PRINT CLEARLY

Student Information:

Your name _____
Your Address: _____
City: _____
State: _____ Zip: _____
Day Phone: _____
Mobile Phone: _____
Email: _____

Parent/Guardian Information: ☐ N/A

Your name: _____
Your Address: _____
City: _____
State: _____ Zip: _____
Day Phone: _____
Mobile Phone _____
Email: _____

Please list any health problems in the last two years:

Please list any medication that you are presently taking:

Please list person/persons to notify in case of an emergency. Include name/names,

addresses and all phone numbers and cell phone numbers for both day and night:
Please Print Clearly!

Please list the surgeries that you have had if, in fact, it pertains to your back, neck, arms, and legs:

Do you feel that any of your health problems or prior surgeries inhibits you from participating in this horse activity safely?

YES _____ NO _____

If your answer is YES, you will need a doctor's release to participate in this hands-on training event.

"I have read and understand this emergency information form in full."

Signature: _____
(parent/guardian, if student is minor)

Date: _____

Preferred means of non-emergency contact:

- ☐ Day Phone
☐ Mobile Phone
☐ Email ☐ All of the above

MEDICAL INFORMATION

It is imperative that, in the event of a medical emergency, we are able to provide the paramedics and/or doctors with accurate health and medical issues. If for any reason you are not able to convey this information yourself, we want to be sure that there is a record on file of any health conditions that may affect your treatment during a medical emergency. This information will remain in confidence and will not be shared with any person other than medical personnel or paramedics in the case of a medical emergency **ONLY**.

Please take this portion of the form to write down clearly and legibly, preferably in print, any medical issues and or medications, including herbal and natural supplements that you are taking.

[illegible]

For Medical Emergency Purposes, please fill in the following information so that it may be passed on to medical facilities in the event that you are not able to do so yourself.

Legal name: _____

Birth Date: _____

Mailing Address: _____

Phone Number: _____

Insurance Company:

Numbers from Insurance Card:

Name of Insured: _____

IMPORTANT INFORMATION

PLEASE BRING *FOR YOU*****

Warm clothing, rain gear, hat or cap, sunglasses, sunscreen, lip screen, personal hygiene products, first aid kit, bug repellent, salt tablets if prone to dehydration, notebook and pencils, camera (no video).

*****FOR YOUR HORSES*****

Bring enough feed. First-aid kit, horse supplements if desired, lightweight and all weather blankets, liniment for rub downs, fly spray, water and feed buckets/bags and feed hangers, manure buckets, pitch fork, halter and lead rope, snaffle bit, headstall, reins, saddle (one that fits correctly, oiled and in good repair), saddle blankets, cinch, etc. Basically, you need to bring everything needed to care for your horse during your stay.

Understand that this is a group riding clinic and not one-on-one instruction. You will be working in a group environment.

**HORSES MUST HAVE
THEIR COGGINS BEFORE
TRAVELING TO THE CLINIC.**

**YOU WILL ALSO NEED A
CURRENT HEALTH
CERTIFICATE AND
REGISTRATION OR
OWNERSHIP PAPERS IF
TRAILERING ACROSS ANY
STATE LINES.**

**PLEASE SEND COPIES ONLY
(Do not send your originals)**

**HEALTH CERTIFICATES &
NEGATIVE COGGINS MUST BE
SENT TO OUR OFFICE. The
other horse requirements listed
above are to be in your
possession when traveling.**

THANKS!

Please Note: You should already own a full cheek snaffle bit or something comparable. However, there will be some available for purchase at the clinic.

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUAL

The form must be completed by and for each participant

STABLE NAME Crystal Creek Ranch herein know as "THIS STABLE"

LOCATION OR ADDRESS 5743 County Road PP, Avoca, WI 53506

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. **REGISTRATION OF RIDER AND AGREEMENT PURPOSE** In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardian thereof if a minor, do hereby voluntarily request and agree to participate in riding instruction as a student at THIS STABLE and that this student will either ride his/her own horse or school horse provided by THIS STABLE for instructional purpose, today and all future dates.

RIDER'S NAME	AGE (if under 21)	WEIGHT OVER 240 LBS	HOURS OF EXPERIENCE
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Beginner (under 10 hrs) <input type="checkbox"/> Over 10 hours
Does this rider have any disabilities and/or special needs which may affect his/her safety and ability to ride a horse, of which we should be aware? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how can we help this rider with his/her special needs?			

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me, this registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children and personal representatives, and it shall be interpreted according to the laws of the state and country of THIS STABLE'S physical location. Any disputes by the rider shall be litigated in, and venues shall be in the country in which THIS STABLE is physically located. If any clauses, phrase or word is in conflict with state law, than that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The terms "STUDENT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered student rider and the parents or legal guardians thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATION** I UNDERSTAND THAT Horseback Riding is classified as a "RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY" and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. **NATURE OF THIS STABLE'S SCHOOL HORSES** I UNDERSTAND THAT: THIS STABLE chooses the school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS and THIS STABLE follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short, changing directions or speed at will, shifting its weight, bucking, kicking, biting or running from danger.
- E. **RIDER RESPONSIBILITY** I UNDERSTAND THAT: Upon mounting a horse and taking up the reins, the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. THIS STABLE advises pregnant women not to ride horses.
- F. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES** I UNDERSTAND THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near or bit or sting a horse or person, and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition, according to weather, temperature, and natural and man-made changes in landscape. The rider and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage and presence upon THIS STABLE's PREMISES.
- G. **SADDLE, GIRTH/NATURAL LOOSENING:** I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this, he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.
- H. **ACCIDENT/MEDICAL INSURANCE:** I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ Policy # _____.
- I. **PROTECTIVE HEAD GEAR WARNING:** I AGREE THAT: I, for myself and on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be purchased and worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.
- J. **LIABILITY RELEASE:** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates") of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE's and/or it's ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands legal actions and causes of action against THIS STABLE and its ASSOCIATES as stated above in this clause for any economic and non-economic issues due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

This Voluntary Waiver Agreement is made and entered into in the State of Wisconsin and shall be enforced and interpreted under the courts and laws of the State of Wisconsin

“UNDER WISCONSIN LAW, A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481(1)(e) OF THE WISCONSIN STATUTES.”

SIGNER STATEMENT OF AWARENESS

SIGNATURE OF RIDER (spouses must sign for themselves)

Bus. Phone # _____

CLINIC REGISTRATION

AND DEPOSIT

Clinic Location and Date: _____

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Birth Date: _____

DL Number and State: _____

Day Phone: _____

Night Phone: _____

Deposit Enclosed: \$_____

Check or Money Order #: _____

Photography/Videography Release

I hereby grant to Crystal Creek Ranch and Eddie Ray Cantrell/Rainbow "C" Horsemanship, its legal representatives, assigns, and all persons acting under his/her permission or authority, and heirs, the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, videos or pictures that he/she had taken of me and/or my property, or in which I may be included with others, to copyright the same, in his/her own name or otherwise; to use re-use, publish, and re-publish the same, in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith if he/she so chooses.

I hereby release and discharge the photographer from any and all claims and demands arising out of or in connection with the use of the photographs, videos, or any other likeness, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, successors in interest, legal representatives, licensees, and assigns of the photographer, as well as the person(s) for whom he/she took the photographs.

I am of full age and competent to sign this release. I have the right to contract in my own name. I have read the above release and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

DATE

NAME (signature)