

Melanie Michalak Clinic April 10 and 11, 2010 Rider Application

Rider: _____

Birthdate, if under 21: _____

Address: _____

City: _____ State: ____ Zip: _____

Horse: _____ Level of horse: _____

Saturday time preference: AM ____ PM ____

Sunday time preference: AM ____ PM ____

Stabling: Day Stall desired on _____
Overnight desired on _____

I hereby agree to release, indemnify and hold harmless Center Line Dressage and Pratense Farms and its employees, volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in this activity or related activities. I also hereby agree to release, indemnify and hold harmless the activity management, event committee and members, officers, directors, agents, and volunteers from and against any and all loss, liability or damage arising from or because of, or in connection with participation in this activity or related activities.

Signature of Rider _____

Total amount enclosed: _____

Checks for lessons are to be made payable to **CenterLine Dressage. Checks** for stabling are to be made payable to **P.J. Briney Training LLC**. Return application with check(s) to hold ride times and stabling. Directions to the farm and ride times will be sent out the week before the clinic.