

Karen O'Connor Clinic – Two Day Clinic – February 20<sup>th</sup> & 21st, 2010  
Roadrunner Farm, Argyle TX



Registration Form

Rider's Information			
Name:		USEA Member Number:	Age:
Address:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Email Address:		Cell Phone:	
Emergency Contact:		Emergency Contact Phone:	
Horse's Information			
Horse's Name:		Horse's Name on Coggins: (attach copy of Coggins)	
Please check one:	<input type="checkbox"/> Mare	<input type="checkbox"/> Gelding	Horse's Age:      Horse's Breed:
Clinic Information			
Dates/Location		Fees:	Total:
February 20 <sup>th</sup> -21 <sup>st</sup> /Roadrunner Farm Argyle, TX	Stabling* # of nights _____	Clinic: <b>\$325.00</b>  Stabling*: <b>\$25</b> per night (on site stabling very limited, off site stabling available also at \$25 per night)  Trailer/Camper Electrical Hook up: <b>\$25</b> per night also Very Limited	Indicate Amount Enclosed:  Total  Enclosed: _____
*Stabling Note: On site stabling is very limited. Additional off site stabling will be available and it is approx. 2 miles from Roadrunner Farm. Off site stabling will require you to make your own arrangements to trailer to and from the clinic each day.			Make checks payable to: <b>Roadrunner Farm</b>
Experience			
Please describe rider's level of experience:		Highest level competed (rider):	
Please describe horse's level of experience:		Highest level competed (horse):	
Additional information for rider or horse (problem areas, quirks, goals, and other info you would like us to know):			
Please check below the level that you are most competent at with THIS horse:			
<input type="checkbox"/> BN	<input type="checkbox"/> Beginner Novice	<input type="checkbox"/> N	<input type="checkbox"/> Novice
<input type="checkbox"/> T	<input type="checkbox"/> Training	<input type="checkbox"/> P	<input type="checkbox"/> Preliminary
<input type="checkbox"/> I	<input type="checkbox"/> Intermediate		
Release			
I understand that riding horses is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the organizers, instructors, agents, volunteers and hosts of the Karen O'Connor Clinic and the owners of any property on which the Karen O'Connor Clinic is to be held, including off site stabling, from all liability for negligence resulting in accidents, damage, injury or illness to myself or my property, including the horse I am riding at the Karen O'Connor Clinic.			
Name (Please print):		Date:	
Signature:			
Print name of witness:		Signature of witness:	
Guardian's name (if rider is under the age of 18):		Signature of guardian:	
Registration Requirements			
All participants must be a current member of USEA. Participants must ride with their medical arm band. (Please make sure to have your medical arm band with you at check in.) This form must be accompanied with a completed USEA Educational Activity Release Form and a completed USEA Emergency Medical Release Form (both forms are on the Area V website), and a check (payable to 'Roadrunner Farm') for the registration to be complete. If a cancellation is filled by another participant on the waiting list, the cancellation will be refunded.			
<b>Please return completed forms and check to:</b> <b>Karen LeKashman, 4625 Quarry Circle, Keller, TX 76248      (Karen LeKashman's cell phone 817-368-1813)</b>			