

R.L. Jacobs Opportunity Clinic

July 21, 2018

At Creekside Equestrian Center
3905 Swift Creek Road, Smithfield NC 27577

Name of horse _____
Name of rider _____
Email _____
Address _____
Phone# _____

Rider Level (check one): Beginner Intermediate Advanced
Fence height (check one): Flat-X-Rails 2'-2'3 2'6 up

FEES:

Rider participation fee for Day (Donation Only to RLHO)

Stall fee for clinic \$30

Haul-In Fee..... \$20

(Make checks payable to Creekside Equestrian Center for Stall and Haul in ONLY)

TOTAL DUE: _____

DONATIONS SHOULD BE MADE PAYABLE TO : TRLHO

As a condition of my entry, I indemnify and hold harmless Creekside Equestrian Center and all Creekside members from and against any and all claims, damages, actions, liability, and expenses in connection with loss of life, personal injury, and/or damage to property arising from or out of the participation in any Creekside Equestrian Center event. I understand that there are inherent risks in horseback riding and dealing with horses, and my signature below verifies that I participate at my own risk

Signature: _____

Date: _____

Creekside Equestrian Center

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Smithfield NC 27577
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