

**KEYSTONE EQUINE ENTERTAINMENT AND TRAINING
 CLINIC REGISTRATION FORM (BROOKSVILLE, FLORIDA)**

Thank you for your interest in registering for an Ashley Pletcher Clinic. Please return this form and your deposit (\$100) to register for the clinic. Registrations will be accepted until March 1. We look forward to having you at the clinic and are committed to making it a memorable learning experience. Call 814-215-7171 or email keystoneequinetraining@gmail.com for more information.

Name _____ Age _____

Address _____

City _____ State _____

Home Phone Number _____ Cell Phone Number _____

Email _____

Emergency Contact _____ Phone Number _____

Please place an x in front of each option you are choosing.

- March 9 full day (\$175)
- March 10 full day (\$175)
- Both days (entire weekend) (\$300)

** Clinic will not be cancelled due to inclement weather.*



Clinic will be held at 6430 Quarterhorse Lane Brooksville, Florida. All horses and equipment will be provided. All participants can bring two spectators for no extra charge. Each additional person is \$10. Please bring your own chairs for any spectators. Please wear stretchy clothing and sneakers for the day. Helmets can be provided or you are welcome to bring your own.

Return your clinic deposit and this registration form to:

Brooksville Trick Riding Clinic

Attn: Ashley Pletcher

51 Proctor Road

Thomasville, NC 27360

*****Make checks payable to Ashley Pletcher**

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activity Chapter 773. I hereby assume as my personal risk all the hazards and dangers of handling and/or riding horses and all associated activities. I release Keystone Equine Entertainment and Training LLC/Ashley Pletcher, their families, employees, associates, heirs, and guests from any liability of any kind for injury or damage that may befall me or my property while participating in this horse activity.

Signature of Participant _____

Guardian Signature if a minor _____ Date _____