

KEYSTONE EQUINE ENTERTAINMENT AND TRAINING
CLINIC REGISTRATION FORM (THOMASVILLE, NC)

Thank you for your interest in registering for an Ashley Pletcher Clinic. Please return this form and your deposit (\$50) to register for the clinic. Registrations will be accepted until June 10.. 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.

- June 15 full day (\$150)
* Clinic will not be cancelled due to inclement weather.



Clinic will be held at 51 Proctor Road Thomasville, NC 27360. 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:

Thomasville Trick Riding Clinic

Attn: Ashley Pletcher

51 Proctor Road

Thomasville, NC 27360

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

Under North Carolina 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 Chapter 99E of the North Carolina General Statutes. 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 _____