

**Lynn Coates Holmes Clinic**  
 (Please visit Lynn's website at [www.lcheventing.com](http://www.lcheventing.com))

**Willow Creek Farm**  
**522 North George's Hill Road**  
 Southbury, CT 06488  
 203-405-2500 XT 108 (Amie Loring)  
 Fax 203-888-6376

October 24 and 25, 2009

Rider's Name \_\_\_\_\_

Horse's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sessions are scheduled as follows:

Saturday, October 24, 2009	Sunday, October 25, 2009
Flatwork	Flatwork or Jumping*
Session 1 - 8 AM – 9:30 AM	Session 1 - 8 AM – 9:30 AM
Session 2 - 9:30 AM – 11:00 AM	Session 2 - 9:30 AM – 11:00 AM
Session 3 - 11:15 AM – 12:45 PM	Session 3 - 11:15 AM – 12:45 PM
Session 4 - 2:00 PM – 3:30 PM	Session 4 - 2:00 PM – 3:30 PM
Session 5 - 3:30 PM – 5:00 PM	Session 5 - 3:30 PM – 5:00 PM

Please enclose payment with registration:

- 1 Group Session @ \$125.00 Please choose preferred session: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_  
 1 Private Session @ \$150.00 Please choose preferred session: Saturday \_\_\_\_\_ Sunday \_\_\_\_\_  
 \*If riding Sunday only, please indicate choice of flatwork or jumping: \_\_\_\_\_  
 2 Group Sessions @ \$200.00  
 2 Private Sessions @ \$250.00

TOTAL enclosed \_\_\_\_\_

Please state your time preference, we will make every effort to accommodate. Attach negative Coggins and a short description of your experience level. It would also be helpful for us to know if you have ridden with Lynn in the past.

Photos from the clinic will be available for online viewing and purchase at [www.cindyarendtphotography.shutterfly.com](http://www.cindyarendtphotography.shutterfly.com)

## RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned assumes the unavoidable risk inherent in all horse-related activities, including, but not limited to, bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding and/or working around horses at Willow Creek Farm, LLC, located at 522 North Georges Hill Road, Southbury, CT., the Undersigned does hereby agree to hold harmless and indemnify Willow Creek Farm, LLC, Amie Loring Horsetraining, LLC and their employees, and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Please let us know where you heard about us:

\_\_\_\_\_

Do you want to be on our mailing list?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please give us your email address if you want to be in our email list

\_\_\_\_\_

# Willow Creek Farm

## Emergency Medical Release Form

### Notice to All Riders and Parents/Guardians

To avoid any unnecessary delay we recommend that you fill out and sign this form.

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Person to Contact in Case of Emergency

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Member #: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Other: \_\_\_\_\_ (use reverse if needed)

### Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the farm while your child is here, you should consider using this .

### Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the under- signed authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Release for a Minor Rider

If emergency medical care is required for:

Child 's Name: \_\_\_\_\_

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)