

AMERICAN HORSE
***** **COMPANY** *****

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WAIVER & RELEASE OF
LIABILITY... **SEPARATE
DOCUMENT**

LYNNE SQUARED
PRODUCTIONS RELEASE...
SEPARATE DOCUMENT

Please email or mail each fully completed (12 pages total) of this clinic document to:

tara@theamericanhorsecompany.com

OR

American Horse Company, LLC
Attn: Tara Hernandez
20631 County Road 149
Matheson, CO 80830



AMERICAN HORSE
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Applicant Information
(Complete a separate form for each applicant)

Name: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email: _____

Circle One of the Following:

- Participated in Previous Clinics? Y or N
 If Yes describe: _____
- Participated in Private Lessons? Y or N
 If Yes describe: _____

Please list your goals and expectations for this clinic:

Please check one of the following choices:

- Trail ride while on vacation
- Intermediate: _____
- Advanced:
- From a professional riding program: _____

Specific Issues regarding my riding ability:

Horse Information

Name: _____ Breed: _____

Sex: _____ Age: _____

How long have you owned the horse: _____

Specific Issues regarding my horse's ability:

Clinic Policies:

- **Cost:**

- Participant Cost: \$595.00
- 3% Processing Fees for each credit card transaction
- 50% Deposit required with application
- Remaining balance is due 30 days prior to clinic date
- Spectator Cost: \$25.00 per day (Due prior to the clinic)
- Spectator Lunch: \$10.00 per day (Due prior to the clinic)

**Lunch will be provided to participants only or if you have a spectator and have paid for their lunch. If you have any allergies or special dietary needs, please bring your own lunch. A discount will not be provided.*

- **Personal Photos:** Photos are meant to be for your personal use only, not for commercial purposes or public viewing. You are not authorized to publish or display any photos taken of Mark, Mark's family, horses staying at the ranch, staff, anyone else or anything at American Horse Company Ranch without written permission from American Horse Company and the person (or people) in the photo.

ABSOLUTELY NO VIDEO CAMERAS.

- **Payment Policy:** An approved, completed application with deposit of 50% of clinic fees will reserve their clinic spot. Payment is due in full no later than 30 days prior to the clinic start date in order to guarantee participant's spot. Payment can be made via check, cash, or credit card.
- **Cancellation Policy:** American Horse Company, LLC reserves the right to cancel a clinic due to unforeseen circumstances beyond our control. If American Horse Company, LLC cancels a clinic, you will be given the option to transfer to another date in the same calendar year for no additional cost.
- **Transfer Fee:** A fee will be charged for any transfer(s). Transfers to the same year will be allowed if your clinic spot can be filled. If your clinic spot cannot be filled there is no transfer or refund awarded. There are no transfers outside of the clinic year. Transfer prior to 60 days: \$35.00. Transfer 30-60 days before the clinic: \$75.00. Transfer less than 30 days before clinic: \$125.00
- **Refund Policy:**
 - Cancellation 60 days or more before the clinic: 50% deposit refunded (minus any cc fees)
 - Cancellation 30-60 days before the clinic: 25% deposit refunded (minus any cc fees)
 - Cancellation 30 days or fewer before clinic: No refund
- **Spectators:** Each participant is allowed (2) spectators. Each spectator is an additional \$25.00 per day. Each spectator has the option to purchase the lunch that is being provided or bring their own.
- **Horse Board:** Boarding is included in the clinic fees when available.
 - Horses will have 24-hour access to water.
 - You must bring your own feed/fly blankets/blankets/coolers/tack/supplements/etc.
 - You are responsible for the care and clean-up of your horse
 - Each pen must be cleaned in the morning and afternoon.
- A signed Liability Waiver must be signed along with this application

Requirements and Checklist

You must be able to answer yes to all of the questions below before you can sign up for the Clinic. *Important Note: If you do not meet the clinic requirements, you will be asked to leave the clinic without refund.*

- **I understand that Professional Clinician Mark Hernandez will teach the clinic**
- I am at least 18 years old
- I understand that this is a physically demanding clinic. I am healthy and able to participate in the clinic.
- I can walk, trot, and canter on a loose rein confidently.
- I will be responsible for the health, care, cleaning stalls, and feeding of my horse throughout the entire clinic.

A clinic is a physically demanding experience that will require you to be outside on your feet 8- plus hours a day doing strenuous activity such as walking and running across the arena, rotating your arms in hundreds of circle, crouching forward, maintaining your balance in the saddle, etc. It is a full day of work followed by taking care of your horse (grooming, saddling, unsaddling, feeding, cleaning his stall, etc.). If you have a bad back, weak knees or any sort of medical condition that will prevent you from keeping up with the demands of the clinic, it would be best to schedule a private lesson with Mark Hernandez.

My Horse's Ability:

- I am participating with a horse, not a donkey or a mule.
- My horse is a mare or gelding.
- My horse is not a stallion.
- My horse is reasonably manageable, both on the ground and under saddle
- I understand that Mark will not be able to spend extra time with my horse to the point of disrupting the rest of the class.

Please keep in mind that there are up to nine other participants in the clinic who are there to learn and advance their horsemanship knowledge. Mark's job is to spend his time as evenly as possible between the six participants and help everyone.

Required Documentation:

- I agree to bring with me a photocopy of my horse's current negative Coggins Test. This copy will be retained by American Horse Company permanently.
- I agree to bring with me a photocopy of my horse's current Health Certificate. This copy will be retained by American Horse Company permanently.

Required Equipment: *I understand that I need to bring the following equipment in order to participate in the clinic.*

- Riding boots. Proper riding boots with a heel are required. No flip flops, tennis shoes or footwear other than approved riding boots will be allowed in the arena.
- Rope Halter and 14' lead rope
- Stick and String
- Bridle with Snaffle Bit and Chin Strap (Mecate reins or loop reins with a spanker are highly recommended)
- **NO SHANK BITS**
- Well - fitting saddle and saddle pad with correctly sized girth
- Roping Gloves

Clinic Information & Cost: *Below is the fees associated with the clinic:*
(To be filled out by American Horse Company)

Date of Clinic: _____ Clinic Location: 20631 County Road 149 Matheson

- Cost of Clinic (Participant): \$595.00
 - Number of Spectators Attending: _____
 - Cost of Spectator Tickets: _____
 - Cost of Spectator Lunch: _____
- ★ ★ ★ ★ ★ Grand Total of Clinic: _____ ★ ★ ★ ★ ★
 - 50% participant fees + all Spectator Tickets due at sing up: _____
 - 3% Processing Fee: _____
 - Remaining balance due 30 days prior to clinic: _____
 - 3% Processing Fee: _____

Note: Spectators cannot be added later. Spectator tickets MUST be purchased at the time of sign up. Spectator lunch will be confirmed 30 days prior to clinic.

Release for the use of Photo, Name, and/or Story

I consent to the use of my picture, videotaped image or likeness and/or name and any related narrative by American Horse Company in any news story, publication, video, training material, or advertising or any kind or in any manner in which American Horse Company may decide to use it, including all social media platforms as well as websites.

During the course of the clinic, we will have a professional photographer/videographer. A separate release is required from Lynne Squared Productions.

I am 18 years of age or older and am competent to sign in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact on this release.

Signature

Print Name

Date

AMERICAN HORSE
COMPANY ★★★★★

Medical History and Emergency Contact

Name: _____ Date of Birth: _____ Age: _____

Do you have or have you had any of the following in the last 12 months? (If yes, please explain)

	Yes	No		Yes	No	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>	Impaired Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Joint Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Neck/Back Injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Need Special Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy (Currently)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Severe Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Heart/Cardiac Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	_____

Current Medications: _____

I acknowledge the clinic will be physically demanding and I am able to participate.

Whom to Contact in Case of Emergency

Name: _____ Phone Number: _____

General Information

Basic Schedule: (Clinic format could change without notice)

- Wednesday:
 - Optional Early Drop off: 12pm-7pm- **IF SPACE ALLOWS** – you must have approval from American Horse Company prior to drop off.
 - You have the option to drop off your horse the night before the clinic begins. You are responsible for feeding and cleaning up after your horse
- Thursday:
 - 7am-830am: Check In
 - All horses/participants must be checked in by 830am
 - 9am: Introduction/Housekeeping
 - 10am – 1200pm : Morning Groundwork Session
 - Desensitize with Lead Rope
 - Desensitize with Stick & String
 - Partially Disengage Hindquarters
 - Completely Disengage Hindquarters
 - 1200pm-2pm: Lunch
 - 2pm-5pm: Afternoon Groundwork Session
 - Backing Up (All four stages)
 - Disengage Forequarters
 - Desensitize
 - Basic Lunging (break into groups)
 - Desensitize
 - Softening
- Friday
 - 830am: Check In
 - 9am- 1200pm: Morning Groundwork Session
 - Softening
 - Desensitize
 - Review Partially/Completely Disengage Hindquarters
 - Review Backing
 - Review Disengaging Forequarters
 - Desensitize & Softening
 - Review Basic Lunging
 - Desensitize & Softening
 - Driving Exercise
 - 1200pm-2pm: Lunch
 - 2pm-5pm Afternoon Riding Session
 - Check Bridles
 - Softening at the Standstill
 - One Rein Stops
 - Trotting with Confidence

-
- Canter with Confidence
 - Prepping for Disengaging Hindquarters On the Ground
 - Disengage Hindquarters from a Standstill
 - Disengage Hindquarters in Motion
 - Softening
- Saturday:
 - 830am: Check In
 - 9am – 1200pm: Morning Groundwork Session
 - Softening
 - Desensitize
 - Beyond the Basics Desensitizing
 - Review Driving Exercise
 - Desensitize & Soften
 - Trotting Circles on the Ground
 - Desensitize & Soften
 - Beyond the Basics Lunging (Break into groups)
 - Desensitize & Soften
 - Leading
 - 1200pm- 2pm: Lunch
 - 2pm- 5pm: Afternoon Riding
 - Review Softening
 - Review One Rein Stops
 - Review Trotting with Confidence
 - Review Canter with Confidence
 - Review Disengage Hindquarters at a Standstill
 - Review Disengage Hindquarters in Motion
 - Trotting/Canter in a Straight line
 - Softening at the Walk
 - Softening Transitions
 - Diagonals
 - Vertical Collection at the Standstill
 - Two Rein Stop
 - 5pm-530pm: Closing Ceremony
 - Leaving the Clinic Successful

Note: Mark will be available daily from 8-9am and from 5pm-6pm for additional instruction: This is extra time for you to get help if you feel like you're falling behind, need more specific help with a certain exercise or would like more critiquing. We want to ensure that you get as much time as you need to succeed and that your clinic experience is above and beyond what you expect.

Other Important Information:

- No shavings are allowed
- Grain and hay will not be available or provided by American Horse Company
- No dogs or other pets allowed at the ranch
- American Horse Company is a smoke free facility
- The same horse and rider combination are required throughout the duration of the clinic
- We have a strict policy against videotaping at the ranch, including cell phones.
- Bring a water bottle- we will have refill stations
- Bring sunscreen, a hat, and bug spray (the fly's are brutal)
- Bring Fly Spray for your Horse!

Around Matheson

When you hear people say, "I live in the country", we smile... WE live in the country. The only business we have in our town is a part time post office and we like it that way. The closest town with amenities is Limon, Colorado.

Limon, CO

Area Hotels:

La Quinta Inn & Suites
1200 Market Pl. Limon 80828
(800)753-3757

Baymont by Wyndham Limon
2506 6th St. Limon, 80828

Quality Inn & Suites Limon
925 T Avenue Limon, 80828

Holiday Inn Express Hotel & Suites
803 Highway 24 Limon 80828

Hospital:

Lincoln Community Hospital
111 6th St. Hugo, CO 80821
(719)743-2421

Grocery Store:

Limon Stop & Shop Supermarket
858 Main St. Limon 80828
(719)775-2282

Vet:

Hi Plains Veterinary Clinic
521 Indiana Ave. Limon 80828
(719)775-2835

Eastern Colorado Veterinary Services
474 1st Ave. Limon 80828
(719)775-8166

Restaurants:

Oscar's Bar & Grille
2295 9th St. Limon 80828
(719)775-2396

South Side Food & Drink ★★
680 Main St. Limon 80828
(719)775-9593

Feed Store:

Big R- Limon
150 7th St. Limon 80828
(719)775-9321

Note: Falcon, CO is the closest "major" town. It is approximately 40 miles away from the ranch, but it has major stores and restaurants such as Wal-Mart, Walgreens Guadalajara, Sonic, etc. Colorado Springs is approximately 65 miles away from the ranch.

Clinic Success Tips

- You will spend a lot of time desensitizing your horse to the Stick and string throughout the clinic. Before you arrive, practice spanking the ground with each arm as much as you can prior to the clinic.
- Practice riding on a loose rein at the walk, trot, and canter
- Be honest with yourself and your riding ability. A Foundation clinic is not for a beginner rider or designed for those brand new to horses or learning how to ride. If you are a beginner, contact us for private lessons.
- Make sure you follow us on all of our social media platforms @americanhorsecompany on Instagram, Facebook, and TikTok for daily tips and tricks!
- We recommend putting your horse on a grass hay diet a few days prior to the clinic and during the clinic. This is not mandatory, but we have found it helpful for horses and their riders. If you have any questions or concerns, please feel free to reach out to us.

Remember, the more prepared you and your horse are, the more progress you'll experience.



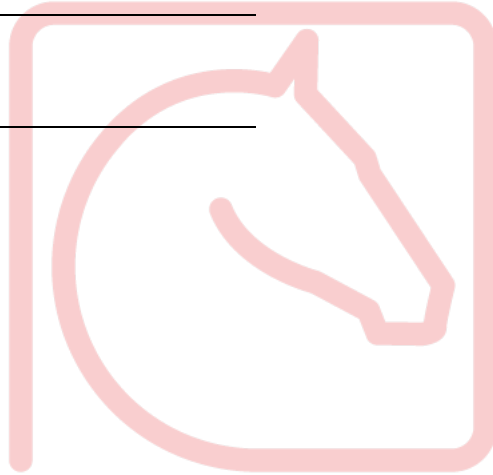
AMERICAN HORSE
★ ★ ★ ★ ★ COMPANY ★ ★ ★ ★ ★

By signing below, I acknowledge that I have read and agree to the above policies, certify that the above is true and correct, and that I am physically able to participate.

Print Name

Signature

Date



AMERICAN HORSE

★★★★★ COMPANY ★★★★★