

American Horse Company, LLC  
Obstacle Course Clinic Application

**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 any Horsemanship Clinics? Y or N  
If Yes describe: \_\_\_\_\_
- Participated in Private Lessons? Y or N  
If Yes describe: \_\_\_\_\_
- Are you a Cornerstone Riding Academy Student? Y or N

Please list your goals and expectations for your Obstacle Course Clinic:

\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following choices:

- Beginner: No previous experience
- Trail ride while on vacation
- Intermediate:
- Advanced:
- From a professional riding program: \_\_\_\_\_

Specific Issues regarding my riding ability:

\*\*\*\*\* COMPANY \*\*\*\*\*  
\_\_\_\_\_  
\_\_\_\_\_

**Horse Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Specific Issues regarding my horse's ability:

\_\_\_\_\_  
\_\_\_\_\_

**Obstacle Course Clinic  
Details & Policies**

- Cost:
  - Participant Cost: \$275.00
  - 3% Processing Fees for each credit card transaction
  - 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:** All fees are due at the time of sign up to secure a spot. Payment may be made via check, cash, or credit card. If a credit card is used, a 3% processing fee will be assessed.
- **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
- **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.
- **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
- A signed Liability Waiver must be signed along with this application

## 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.

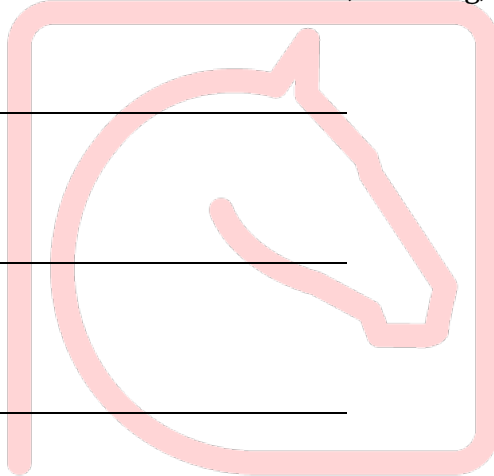
During the course of the clinic, we will have a professional photographer/videographer. A separate release is required from Lynne Squared Productions.

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

\_\_\_\_\_



AMERICAN HORSE  
★★★★★ COMPANY ★★★★★

American Horse Company, LLC  
Obstacle Course Clinic Application

**Obstacle Course Clinic Information**  
**(To be filled out by American Horse Company, LLC)**

Date of Clinic: \_\_\_\_\_ Clinic Location: 13500 Furrow Rd. Larkspur, CO 80118

- Cost of Clinic: \$275.00
- 3% Processing Fee: \_\_\_\_\_
- Grand Total: \_\_\_\_\_

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



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