



2017 CLINIC APPLICATION

PRESENTED BY: **FRANK MADDEN**

Saturday, November 18 and Sunday, November 19

8:30 am start

Held at Pembroke Pointe Farm, New Oxford, PA

NAME _____ AGE _____ **AUDIT ONLY (\$25)** _____

ADDRESS _____

CONTACT PHONE _____ E-MAIL _____

Clinic groups will be limited to 6-8 RIDERS, each group will run 2 HOURS.

CIRCLE PREFERRED SECTION/HEIGHT 2' - 2'6" 2'9" - 3' 3'3" - 3'6"

CURRENT RIDING/SHOWING LEVEL _____

TRAINER _____ BARN _____

2-DAY CPJHSA MEMBER CLINIC COST IS \$375 (non-member fee \$425) – if registered by October 20. After October 20 fee is \$425 (\$475). PLEASE SEND CHECK PAYABLE TO **CPJHSA** WITH THE SIGNED APPLICATION.
RETURN APPLICATION TO: Donna Bernini 2521 Cousler Circle, York, PA 17404

Questions/Further Information contact Donna @ 717-817-1767 or PembrokePointeLLC@gmail.com

CPJHSA CLINIC LIABILITY RELEASE

The undersigned, individually or as parent and guardians of any minor, assume all risks involved with participation in the CPJHSA Clinic at Pembroke Pointe Farm and agree to release, discharge, and hold harmless the Central Pennsylvania Junior Horse Show Associations, its Board of Directors, Pembroke Pointe Farm and/or any owners, employees, officers or agents of the foregoing, of and from all causes, liabilities, damages, claims or demands on account of personal injury, accident, or property damage involving named rider or undersigned or horse or pony arising out of attendance at the CPJHSA Clinic or in the course of activities held in connection with the clinic. I acknowledge and ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.

Emergency Contact # _____ Adult Signature _____