

Sam Griffiths Clinic

28 Feb - 2nd March

Rider name:

Phone: _____

Email: _____

Emergency contact:

Relationship of above:

Emergency contact phone:

Horse name:

Level Competing:

Notification preference: email phone

Note: Prepayment in full is required by the clinic sign-up close date, Feb 23, 2018

Method of payment:

Check:

Payable to Fredericks Equestrian International

Visa: **Mastercard:**

Card # _____

Exp: Date: _____ CVV#: _____

Name as it appears on card:

Riders:

\$150 private lesson

\$120 group lesson

Please indicate what day lesson required

A deposit of 50% lesson fees is required at time of submission of application for riding slots. Clinic riding and auditing slots are guaranteed only with payment in full by the closing date. If the number of fully completed and paid applications received prior to the closing date should exceed the number of slots available for riding and auditing applications, slots will be filled in the order of marked receipt by post mark or email date.

Prior to the closing date, should you not be able to attend the clinic, Fredericks Equestrian International reserves the right to fill the slot from the wait list. If there is no individual on the wait list able to fill the slot, you may sell your spot by Fredericks Equestrian International approval to another party. A refund of payments rendered minus a \$25.00 administration fee is available only if written notice is acknowledged and certified as received by Fredericks Equestrian International before the closing date, otherwise there will be no refund.

The release of liability waivers can be downloaded from <http://fredericksequestrian.com/Clinics.aspx>. This form is required before a rider or auditor is allowed to participate in the clinic.

By completing and submitting this form I agree that I have read, understand and agree to comply with the information expressed herein. I also agree that as a condition of and in consideration of acceptance of entry, Fredericks Equestrian International and/or publicity agents of the event may use or assign photographs, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the eventing clinic educational clinic for the promotion, coverage or benefit of the competition and sport.. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation.

Signature required: _____ Date: _____

Signature of Parent if under 18 years of age: _____ Date: _____

Fredericks Equestrian International

Lisa Baker • lisa@fredericksequestrian.com • 352-895-2144 • Greenbrier Farm, 1000 NE 105th Lane, Anthony, FL 32617

Office use only:

Rider/Auditor Deposit Check#:

Rider/Auditor Full Payment Check#:

Received by:

Amount Rcvd:

Confirmation Sent:

Status