**Return clinic Registration and Check Payable to:**

Cottonwood Creek Equestrian Center, (CCEC)

Gail Bloxham

18550 Evergreen Rd., Cottonwood, CA. 96022 530-604-2225 cottonwoodcreekequest@gmail.com

## Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about this clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless Cottonwood Creek Equestrian Center CCEC) or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of CCEC or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by CCEC, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of participation; this is binding upon my executors, heirs and assigns.

**I understand the potential dangers at this time of possibly being**

**exposed to the Coronavirus (COVID19) and certify that to the**

**best of my knowledge, I have not been exposed to this virus in**

**the last 30 days nor tested for the Virus or had the Coronavirus.**

**I release and hold harmless, Cottonwood Creek Equestrian Center**

**from any liability should I acquire the Coronavirus in the future.**

**I voluntarily and freely acknowledge this with my signature below.**

( ) I acknowledge that I have read this Release of Liability, know and understand its contents and the rules and requirements for this event.

( ) I, undersigned parent or guardian of the above participant in consideration of my minor’s attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for this event. This shall be binding as to damage or injury that my minor, his/her animals or property arising out of his/her attendance/participation in events.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your $400.00 deposit to reserves your rider spot. Rider spots held verbally for 5 days. Payment in full must be received by \_February 8, 2025

**….……. Deposits are non-refundable.……….**

**See Fact Sheet for Additional Information**

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**Rider:** Registration –

By February 8, 2025…. $795.00 $\_\_\_\_\_\_\_\_\_\_

After February 8, 2025…895.00 $\_\_\_\_\_\_\_\_\_\_

Includes Cattle Fee & Lunch

**Overnight Stall**:(bring your own bedding & hay)

Stalls - $30.00 per night x (#)\_\_\_\_night $ \_\_\_\_\_\_\_\_\_

Shavings $15.00 per bag …#bags\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_

Arrival date & approximate time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overnight Camping:** No Hookups

NO CHARGE in 2025 Camping : Yes\_\_\_\_ No\_\_\_\_

**~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

**Auditor**: (circle clinic date requested) **MAR 8 9**

$30.00 Per Day $\_\_\_\_\_\_\_\_\_

Auditor Lunch $15. Per day ­­­­­­$\_\_\_\_\_\_\_\_\_\_

TOTAL DUE \*:………………… $\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_\_\_\_\_

Balance Due by February 8, 2025 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If Paying by Credit or Debit Card Add 4% to total

Credit Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVC#\_\_\_\_\_\_\_\_ EXP Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please check: VISA ( ) Mastercard ( ) Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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