



A CLINIC WITH DIANE CARNEY

Presented by Silver State Pony Club

Saturday, March 21st & Sunday, March 22nd, 2020

Diane Carney is a lifelong, dedicated horsewoman, emphasizing horsemanship in every aspect of her world. Her versatility and in-depth knowledge as a grand prix rider, hunter rider, clinician, USHJA certified trainer, event organizer, commentator, course designer, USEF R judge, USEF International Disciplines Committee member and USHJA Board of Directors member, gives her a well-rounded perspective on the industry.

PARTICIPANT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

RIDER OVER 18 YEARS OF AGE (Y/N) _____ BARN AFFILIATION _____

EMERGENCY CONTACT NAME & PHONE _____

JUMPING HEIGHT

CHECK ONE. SESSION LEVELS AND TIMES WILL BE BASED UPON THE NUMBER OF PARTICIPANTS AND THEIR JUMPING HEIGHTS

_____ Fences Up To 2'3" _____ Fences 2'6"-2'9"

_____ Fences 3'-3'6" _____ Fences 3'9"-4'

Enclosed is \$ _____ TO COVER:

FULL AMOUNT DUE AT TIME OF REGISTRATION. EARLY REGISTRATION DISCOUNT THROUGH MARCH 6TH. REFUNDS WILL ONLY BE GIVEN WITH A VET CERTIFICATE MINUS \$50

PAY BEFORE MARCH 6 PAY AFTER MARCH 6

_____ 2-DAY CLINIC \$450 _____ 2-DAY CLINIC \$500

_____ 1-DAY CLINIC \$225 _____ 1-DAY CLINIC \$275

AUDITING FEES

_____ 2-DAY SESSION FOR \$75

_____ 1-DAY SESSION FOR \$45

USHJA FEE

_____ Required for all Riders & Auditors \$25

MAKE CHECK PAYABLE TO:

Silver State Pony Club
PUT "CLINIC" IN MEMO LINE

PLEASE MAIL THIS FORM, ALONG WITH CHECK TO:

Franktown Meadows
4200 Old US Hwy 395
Carson City, NV 89704

STABLING INQUIRIES:

Franktown Meadows
(775) 722-4261
lynne@franktownmeadows.com

QUESTIONS:

Julie DeRosa
(775) 742-2691
jdenetelli@aol.com

WAIVER AND RELEASE

I, the undersigned, acknowledge that as a rider/competitor, I am subjecting myself to certain risks or injury or damage to either horse, rider or equipment. Knowing these facts, I nevertheless, in consideration of your accepting me as a competitor, do hereby for myself, my heirs, executors, and administrators, agree to waive, release and hold harmless Franktown Meadows Equestrian Facility, Silver State Pony Club, their employees, agents, or representatives paid or unpaid, from any accident, death, injury, damage or theft that might occur to me, my horses, family, friends, or personal property while at Franktown Meadows Equestrian Facility. I have read the above statement and understand my rights.

Signature of Rider _____ Date _____

Signature of Parent/Guardian _____ Date _____