

John Lyons Symposiums, Inc.  
8714 County Road 300  
Parachute, Colorado 81635

# Three-day Riding Clinic Contract

(970) 285-9797 Phone  
(970)-285-7530 Fax

CUSTER, WISCONSIN  
July 11 – 13, 2011

[www.johnlyons.com](http://www.johnlyons.com)

# Three-day Clinic Contract

WE WELCOME YOU TO JOHN LYONS SYMPOSIUMS, INC. THREE-DAY HANDS-ON RIDING CLINIC. JOHN LYONS WILL BE THE INSTRUCTOR. THE COST OF THE CLINIC IS \$1,000, WHICH INCLUDES A \$300 NON-REFUNDABLE DEPOSIT. THERE WILL BE NO MORE THAN 10 RIDERS IN THE CLINIC WITH THEIR HORSES. THIS AGREEMENT/CONTRACT IS TO OUTLINE THE SPECIFIC DETAILS. PLEASE READ CAREFULLY, THEN SIGN AND RETURN THE CONTRACT PAGE, YOUR CLINIC FEE, ALONG WITH THE EMERGENCY FORM, THE HORSE CRITERIA FORM AND LIABILITY PAGE TO OUR COLORADO OFFICE.

*John looks forward to helping you overcome your many problems and improve your horse's overall performance. His methods work on all horses, all problems, all riding disciplines, and for all levels of riding from beginner to the world performance level. John will help you to create a positive replacement behavior instead of the negative action of your horse. He provides a formula that will allow you to communicate with your horse to increase performance through positive reinforcement by teaching "giving to the bit". John's techniques are unique and beneficial to use and they give you a safer way to deal with problems in your horse training.*

**Clinic hours are 9 am to 5 pm each day, with an hour lunch break.  
Facility, stall fee information and map will be sent under separate cover.**

*Learn easy ways to change your horse's behavior  
without getting you or your horse hurt.*

- ✓ The cost of the three-day riding clinic is \$1,000, which includes a non-refundable deposit of \$300. The full amount of the clinic may be paid up front, or *the balance of \$700 may be paid NOT* later than 30 days prior to the clinic. You may apply partial payments if you wish up until that date.
- ✓ Stall fees will be assessed at a later date and are a separate expense to the participant and not included in the clinic fees.
- ✓ Your clinic horse must be well broke and able to walk, trot and canter under saddle. The more riding time on the horse, the better. Do not bring a stallion.
- ✓ You must have health papers showing a negative Coggins test within the regulations required. Proof of immunizations or copy of health papers is also required. Please send *copies only* to our office.
- ✓ The signed contract, clinic fee, emergency form and the liability release are due back in our office immediately. Please send all horse-related papers closer to the clinic.
- ✓ It is understood that due to the nature of horse training and handling in general, accidents can occur. You are advised to wear a protective helmet for your own safety and to put protective boots on your horse.
- ✓ Upon signing this agreement contract, you agree to release John Lyons, his staff and family, as well as the clinic facility, its owners, staff and family, from all responsibility regarding injury to yourself or to your horse, loss or theft, or damages to any items you may have brought with you.

Please write: "I have read and understand this agreement contract in full and agree to all terms herein. I understand this is a group riding clinic and I can safely ride my horse around other horses."

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**Clinic Location and Date:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment may be made by check, money order or by using Master Card, Visa, or Discover.

**CHARGE CARD #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name of the person the card is issued to: Please Print:**

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**CHECK OR MONEY ORDER ENCLOSED. CHECK #** \_\_\_\_\_

# Horse Disclosure

Signature of Rider: \_\_\_\_\_

Clinic Location and date: \_\_\_\_\_

The horse you bring to the clinic must be able to walk, trot and canter under saddle, and must be able to tolerate the presence of other horses and riders. The more riding time spent on the horse, the better. Please do not bring a stallion. If you have a choice of horses, please bring the horse you are most comfortable with and the one that is the most broke. What you will learn at the clinic you will be able to take home and apply to all your other horses. These criteria will make your clinic experience more enjoyable and the training will be that much easier for you and your horse.

Name of horse: \_\_\_\_\_

Sex of horse: \_\_\_\_\_

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

Personality of my horse: (Please use the back of this paper if you need more room.)

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Please check yes or no to the following:

	YES	NO
Does your horse bite?	___	___
Does your horse kick?	___	___
Does your horse buck?	___	___
Does your horse get along with other horses and riders?	___	___
Do you believe your choice of horse is suitable for this clinic?	___	___

# EMERGENCY INFORMATION

Date Signed: \_\_\_\_\_  
Clinic Date: \_\_\_\_\_ Clinic Location: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Your Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone #: \_\_\_\_\_  
Your Age: \_\_\_\_\_

**Please list any health problems in the last two years:**

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**Please list any medication that you are presently taking:**

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**Please list person/persons to notify in case of an emergency. Include name/names, addresses and all phone numbers and cell phone numbers for both day and night:  
Please Print Clearly!**

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**Please list the surgeries that you have had if, in fact, it pertains to your back, neck, arms and legs:**

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**Do you feel that any of your health problems or prior surgeries inhibits you from participating in this clinic safely?**

YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is YES, you will need a doctor's release to participate in this hands-on training clinic:

Signature: \_\_\_\_\_

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

# CLINIC REGISTRATION AND DEPOSIT FOR 2011

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

Clinic Location: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Night Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Deposit Enclosed: \$\_\_\_\_\_

Check or Money Order No.: \_\_\_\_\_

MC/VI/DI No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV No.: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Note: Please fill in the information, sign and return this page to  
8714 County Road 300, Parachute, Colorado 81635.

## Photography/Videography Release

I hereby grant to John Lyons Symposiums, Inc., legal representatives, assigns, and all persons acting under his/her permission or authority, and heirs, the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, video's or pictures that he/she had taken of me and/or my property, or in which I may be included with others, to copyright the same, in his/her own name or otherwise; to use re-use, publish, and re-publish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith if he/she so chooses.

I hereby release and discharge Photographer from any and all claims and demands arising out of or in connection with the use of the photographs, video's, or any other likeness, including without limitation any and all claims for libel or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, successors in interest, legal representatives, licensees, and assigns of Photographer, as well as the person(s) for whom he/she took the photographs.

I am of full age and competent to sign this release. I have the right to contract in my own name. I have read the above release and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

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DATE

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NAME (signature)

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WITNESS

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NAME (printed)

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ADDRESS