

APPLICATION FORM



Please complete one form per horse/rider combination.

Return to:- Rebecca Symonds, Lincomb Farm, Lincomb, Nr Stourport on Severn, Worcestershire, DY13 9RB

Camp Date.....

Riders First Name.....Surname.....

Address.....

.....

.....Postcode.....

Evening Phone No.....Mobile.....

Email Address.....

Emergency contact details

Contact Name & relationship.....

Phone No.....

Please give details of you and your horses ability/ problems i.e. max height you wish to jump; age of horse, experience, aims,

.....

.....

.....

Does your horse have any known stable vices?.....

Mare / Gelding / Entire (Please circle). Do you require Straw / Shavings(at an additional cost) (Please circle)

Please enclose a deposit of £50 *payable to H K Jones (Waynhams) Ltd to secure your place*

The balance is due by 23 May 2011

The organisers do not accept liability for any injury, death or other loss, however caused, to any of those attending the above clinics in whatever capacity. The organisers shall not be liable to make good any losses or consequential losses caused by any delays in or cancellations of the above events due to circumstances beyond their control.

I confirm that the above pre-assessed abilities are correct and I agree that I RIDE ENTIRELY AT MY OWN RISK.

I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I confirm that to the best of my knowledge all the above details are correct.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.

Signature Date.....

Print Name.....