

# Cross Country Clinic

**10 April 2011**

At **Lincomb Equestrian**, Lincomb, Nr  
Stourport on Severn, Worcs, DY13 9RB

With **Robert Stevens** a BE Accredited Trainer  
and International Event Rider

£40 per session

**Spaces are limited, pre entry is essential**  
**Some cross country experience is required**  
**No application accepted without payment in full**

For further information please contact Rebecca Symonds: -  
01299 251351, 07967 687692, [info@crosscountrycourse.co.uk](mailto:info@crosscountrycourse.co.uk),  
visit [www.crosscountrycourse.co.uk](http://www.crosscountrycourse.co.uk),

If you would like to reserve a place please complete the  
application form and return.

Group times will be issued on Wednesday 7 April 2011

We will endeavor to make the groups as even as possible to ensure you get the most from the lesson, so please be honest about you and your horse's experience and ability

## CLINIC APPLICATION FORM

Please complete one form per horse/rider combination.

Clinic 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 horse's ability i.e. level you are working at, age of horse, experience, aims,

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I enclose payment of.....*Please make cheques payable to H K Jones (Waynhams) Ltd*

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.

**RIDERS UNDER 18 YRS OF AGE:** I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk. A parent or guardian of riders under the age of 16 must sign this form.

If signing on behalf of rider please state relationship to rider.....

**RIDERS AGED 18 YRS AND OVER:** 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.....

*Return to: - Rebecca Symonds, Lincomb Farm, Lincomb, Worcestershire, DY13 9RB*

