



REGISTRATION FORM DAVE ELLIS CLINIC

LEVEL 3/4 CLINIC

Dec. 3-5th, 2010

Vista, California

TIME: 9:00am to 4:00 pm
DAYS: Friday, Saturday, & Sunday
LOCATION: VISTA PALOMAR RIDERS

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____
EMAIL ADDRESS: _____
PHONE: _____ **CELL/WK PHONE:** _____
SAVVY CLUB #: _____
ARRIVAL DATE/TIME: _____ **DEPARTURE DATE/TIME:** _____

**\$100 Deposit will hold your spot. Limited participants.
Payment is DUE IN FULL by Nov. 25th, 2010. MAKE CHECKS PAYABLE TO **MARGIT DEERMAN** and send with this form to: **Margit Deerman**
Attn: Dave Ellis Clinic
29515 Anthony Road
Valley Center, Ca. 92082**

Riders
\$600 Early bird Price, paid in full before Nov. 25th. \$650 after. \$ _____

Auditors
Regular Price is \$75 for 3 days, \$60 for two days, \$35 for one day \$ _____

Pen fee is \$20/day. \$ _____

Participant Information: (must have completed Level 2 officially or unofficially)

PNH Level completed: _____ Years Experience: _____
Any medical handicaps: _____
In case of Emergency contact: Name: _____ Phone: _____
Relationship: _____

Horse Information:

Breed: _____ Mare/gelding: _____ Age: _____

Note: Negative coggins within 12 months required for out of state horses.
All horses MUST have current vaccinations upon arrival.
Releases must be signed before event and sent in with this form.

DAVID ELLIS LIABILITY RELEASE

HORSES CAN BE VERY DANGEROUS I AM TAKING A RISK AND I ASSUME RESPONSIBILITY FOR MY ACTIONS

Be advised that many states limit the liability of equine professionals for horse related injuries. Dave Ellis Clinics, Lessons & Training -Release of Liability Agreement: I acknowledge that horseback riding is a dangerous sport, which carries inherent risks of injury or even loss of life, as well as damage to my horse, my property, and myself. I knowingly assume all risks, whether known or unknown, of watching, grooming, handling or riding either my horses, or horses provided for my use. I also knowingly assume all risks, whether known or unknown, of participating in this lesson or clinic as an auditor or spectator. I release Dave Ellis, host facility and sponsors, and their agents and employees from all liability for any act of negligence or want of ordinary care. In consideration of my participation in this lesson or clinic, I waive, release and discharge Dave Ellis, host facility and sponsors, and their agents, employees, representatives, heirs, executors and assigns from any and all claim or liability for injury to myself, my animals or my property arising out of my participation in this lesson or clinic. This agreement is binding on my executors, heirs, and assigns. I agree that I will defend, indemnify and hold harmless, Dave Ellis, host facility and sponsors, and their agents and employees against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by me, or prosecuted for my benefit or on my behalf, in which this release is upheld. I acknowledge that I have this release of liability and know and understand its contents. I also give permission for my name, address and telephone number to be shared within the Parelli Natural Horse-Man-Ship organization for purposes of providing clinic, workshop and special information mailings.

SIGNATURE _____ **DATE** ____/____/2010

Parent/Guardian please sign for minor.

UNLESS SPECIFICALLY REVOKED, THIS RELEASE IS IN EFFECT
FOR THE ENTIRE CALENDAR YEAR 2008