



REGISTRATION FORM DAVE ELLIS CLINIC

Nov. 11-12th Level 2/3

Nov. 13-14th Level 3/4

Vista, California

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

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
EMAIL ADDRESS: _____
PHONE: _____ CELL/WK PHONE: _____
PARELLI MEMBER #: _____
ARRIVAL DATE/TIME: _____ DEPARTURE DATE/TIME: _____
NAME OF GUEST AUDITOR IF RIDING: _____

Payment is DUE IN FULL by Nov 1st, 2011. MAKE ALL CHECKS EXCEPT PRIVATES PAYABLE TO **MARGIT DEERMAN** and send with this form to:

Margit Deerman
Attn: Dave Ellis Clinic
29515 Anthony Road
Valley Center, Ca. 92082

Riders

Level 2/3: \$550, paid in full before Nov. 1st. \$ _____
\$100 reserves your spot. Limited participants. \$600 after.
Advancing Level 3/ 4: \$550, paid in full before Nov. 1st. \$ _____
\$100 reserves your spot. Limited participants. \$600 after.
All 4 days, \$1000. \$ _____

Private with Dave Ellis (\$100 for 45 minutes) \$ _____

Ride Time with Jody Ellis (\$50) \$ _____

(Privates are cash or check, separate check made out to Dave Ellis)

Auditors

Regular Price is \$35/day, \$60/2 days, \$85/3 days, \$100/4 days. \$ _____

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

Participant Information:

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** ____/____/2011

Parent/Guardian please sign for minor.

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