

**Susan Harris and Peggy Brown
Centered Riding Clinics**

★ ALL DISCIPLINES WELCOME ★

Friday, Saturday, Sunday June 1, 2, 3, 2012

Biltmore Equestrian Center, Asheville, NC

PARTICIPANT NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY/ST _____ ZIP _____

EMAIL (**PRINT!!**) _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

Open Clinic	BEC passholder	Others
2-day Clinic with Horse, semi-private (2 / lesson)	\$360	\$385
2-day Clinic with Horse, 3 person (3 / lesson)	\$310 (limited availability)	\$335 (limited availability)
2-day Audit	\$60 (demo/dinner Fri, add \$20)	\$90 (demo/dinner Fri add \$20)
1-day Audit	\$40 (demo/dinner Fri, add \$20)	\$60 (demo/dinner Fri add \$20)
Friday demo + picnic only	\$20 5-8 p.m.	\$20 5-8 p.m.

Friday Night Special: Susan Harris and Peggy Brown will present the well-renowned Visible Horse/Visible Rider demo. Picnic dinner. Participants in mounted Open clinic – included in clinic price. Extra for audits or stand-alone: \$20. Register in advance.

Food: Box lunch provided Saturday and Sunday. Detailed schedule will be sent in May.

Stabling and Camping: Stalls or paddocks, overnight camping, contact Biltmore Equestrian Center, 828-225-1454, to reserve.

Lesson Horses: A limited number of horses are available for lesson use, \$25/day, contact BEC, 828-225-1454, to reserve.

\$ _____ PARTICIPATION FEE FROM ABOVE – IF AUDIT, WHICH DAY(S)? _____

\$ _____ DEPOSIT (Minimum \$50 in US\$ for with-horse participant)

\$ _____ TOTAL DUE (in US\$) -- paid by May 25, 2012. Full refund if we can replace you.

Check riding skill level, both flat and jumping:

- Flat work: beginner to intermediate: ; intermediate to skilled: ; advanced: ;
- Jumping: none: ; some, under 2'6": ; comfortable above 2'6":

Please make checks payable to: **Biltmore Equestrian Center**

Mail to: **Biltmore Equestrian Center
1 Biltmore Estate Drive
Asheville, NC 28803**

SIGN LIABILITY. Send copy with entry or bring original of your horse's Coggins.

Questions? **Anne Ayala at 828-508-1450; kenayala@charter.net or
Elizabeth Bush at 828-777-9198; or e-mail: ebush@biltmore.com**

THE FOLLOWING RELEASE MUST BE SIGNED FOR REGISTRATION TO BE VALID!

Statement of Liability Waiver

I wish to participate in the Biltmore Equestrian Center with-horse clinic, to be held on Friday, June 1, through Sunday, June 3, 2012. I have read the conditions and regulations of the event and will comply with them.

I hereby knowingly execute this waiver of the right to sue and do hereby agree to assume all risks associated with participation in the clinic, sponsored by the Biltmore Equestrian Center, or in riding, on the premises of the Biltmore Equestrian Center.

I will hold harmless the Biltmore Equestrian Center, all clinic personnel, their representatives, successors and assigns, for any accident, injury or loss that might occur due to my participation in this event, and free from all liability for such injury or loss, including that due to negligence not caused by wanton or willful misconduct of the Biltmore Equestrian Center, or clinic personnel and volunteers. This release extends to all claims of every kind and nature whatsoever, whether known or unknown, and I expressly waive any benefits that I may otherwise have under provisions of the law of North Carolina relating to the release of known claims. I understand that this release constitutes a limitation on my legal rights. Any action instituted against the Biltmore Equestrian Center, or clinic personnel must be filed in the State of North Carolina.

The undersigned verifies acceptance of risks and responsibilities for participant and certifies that all information on this form is correct to the best of his/her knowledge.

THIS AGREEMENT IS BINDING UPON MYSELF, MY SPOUSE, LEGAL REPRESENTATIVES, HEIRS, EXECUTORS AND ASSIGNS.

I HAVE READ THE ABOVE, UNDERSTAND IT, AND AGREE TO ABIDE BY THIS.

Dated: _____

Participant's Signature: _____

Parent/Guardian of Junior Participant's Signature: _____

Parent/Guardian of Junior Participant (please print): _____

CONSENT FOR JUNIOR PARTICIPANT

I accept all rules that apply to my registration and, in my absence, consent to emergency medical treatment or aid to said Junior rider.

Name of Junior Participant: _____

Signed: (parent/guardian): _____

Name of parent/guardian: PRINT _____

Dated: _____