

CRACKERJACK INTUITIVE HORSEMANSHIP
TRAIL RIDING WORKSHOP - CONFIDENTIAL BOOKING FORM

LOCATION: _____ WORKSHOP DATE: _____

FULL NAME: _____ AGE: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

EMERGENCY CONTACTS – Please provide two

FULL NAME/RELATION: _____ CONTACT: _____

FULL NAME/RELATION: _____ CONTACT: _____

MEDICAL HISTORY – anything we should know, medications, Allergies, Injuries?

CONSENT TO MEDICAL ATTENTION

I hereby authorise the instructor/s in charge to administer first aid and call an ambulance if deemed necessary. I agree to bear any cost thereby incurred.

Signature of Rider/Handler

Signature of Legal Guardian (under 18yrs)

_____ Date: _____

_____ Date: _____

Will you be wearing a current approved Australian Standards helmet? YES/NO

Do you understand the risks involved in your choice? YES/NO

It is compulsory for minors under the age of 18 years to wear an approved current Australian Standards helmet.

PARTICIPATION FEES: LIMIT OF 6 RIDERS PER DAY

Participant _____ x \$150/DAY

TOTAL - \$ _____

Your position will be reserved upon receipt of a \$50 deposit or your full payment.

PAYMENTS TO: (Please use your name as the reference)

Corey Ryan & Suzi Deryk

ING Direct

BSB: 923 -100

Account Number: 31853861

Reference: CIH and your name

Eg: CIH Suzi Deryk

PROGRAM

The day will commence at 9am sharp with a pre-ride talk, without horses, from the clinicians.

Followed by the trail which runs for approximately 3-4hours, including some groundwork if necessary before departing.

BYO lunch at the conclusion of the ride back at base.

Please ensure you are on time.

NB: Due to the varying experience and number of horse/rider combinations, please be aware that at times we will ask you to stop the ride in order to assist someone. We ask that you respect this decision and wait patiently and do as asked. This situation could be you sometime. There is a lot to be learned and quietly watching someone else get some assistance may be of great value to you or your horse. We are all in this together.

WHAT TO BRING:

Halter/lead rope

Water/Feed for your horse

Lunch/Drink for yourself

Chair/Notebook/Pen

RIDING EXPERIENCE

How often, each week, do you ride your horse? 5 – 7 days _____ 3 – 4 days _____ 1 – 2days _____

How would you describe yourself? Nervous rider _____ Confident rider _____

Are you? Beginner _____ Novice _____ Intermediate _____ Advanced _____

Have you ridden on a trail before? Yes/No How many times? _____ Alone _____ In a group _____

HORSE DETAILS

NAME: _____ AGE: _____ SEX: _____

Do you regard your horse as? Green _____ Novice _____ Educated _____

Has your horse been on a trail before? Yes/No How many times? _____ Alone? _____ In a group? _____

DO YOU HAVE ANY PARTICULAR GOALS/PROBLEMS/ISSUES WITH YOURSELF OR YOUR HORSE THAT YOU WOULD LIKE HELP WITH?

CANCELLATION POLICY:

The clinic will be held regardless of the weather. No refund will be given. In the event that the clinic is cancelled by Crackerjack Intuitive Horsemanship, monies will be transferable to the next available time that it can be rescheduled, to be decided between the host and clinicians. It is the participants responsibility to be available at this new time. In the event that the host/participant cancels then all monies received are non-refundable. Participants that cancel can find a replacement for their position.

I have thoroughly read and understood this booking form and abide by its content.

NAME: _____

SIGNATURE: _____ DATE: _____