

WESTERN COLORADO TRAINING CENTER

Basic Equine and Ranch Management CLINIC

631 Lords Walk Trail
Montrose, CO 81403
1-970-249-3410

REGISTRATION FORM – Basic Equine Management CLINIC (Please Photocopy a Completed Form for Your Records.)

Dates of class Clinic you will to attend (refer to Calendar Information): _____ to _____

Name: _____ Phone: (_____) _____

Address: _____ Social Security No. _____

City: _____ State: _____ Zip: _____

Email Address: _____ Birthdate: _____

Personal Training Expectations: _____

Age: _____ Weight: _____ Height: _____ Do you have any physical disabilities/problems: (Y) (N)

If yes, please describe disabilities: _____

Describe any medication you currently take: _____

Identify any food allergies: _____

Have you ridden horses: (Y) (N) Where and when: _____

Do you or a family member own a horse: _____

QUESTIONARE

Please describe what you expect to accomplish by attending this Clinic

Basic Equine and Ranch Management: 40 hours class and hands on training

Objective: Clinician will learn the basics equine management in stable and ranch environment.

CLINIC DATES:

Clinics are scheduled on or before each week of each month. Clinic does NOT include riding.

<u>Clinic</u>	<u>Registration</u>	<u>Books/Supplies</u>	+ <u>Lodging and food</u>	+ <u>Total Clinic fees</u>
\$150	\$50	\$200	\$295	\$695

(ALL CLINIC FEES subject to refund and cancellation policy)

(REG FEE/ and Books/Supplies Non-refundable & Subject to Cost Change upon REG)

(LODGING/FOOD offered 7 days per week three meals per day for 4 weeks) (Individual hourly tutoring available at a rate of \$30 per hour)

Clinic Schedule

Full time Students: (Monday through Friday: 7:30am – 4:00pm) (optional class makeup Saturday 7:30 am to 12:00 pm) with one hour lunch break. Sundays are day off to do laundry shower and recreation.

Assumption of Risks by Participant: The activities that will be undertaken as a direct or indirect result of this reservation are commonly known to have various risks inherent to them. By making this agreement, I agree that I knowingly and willingly accept those risks, which are inherent in this Equine activity or any associated outdoor activity. I will not hold, nor attempt to hold, Montgomery R. Long or the Western Colorado Training Center LLC, or any of his agents or associates, responsible for loss, injury, or damages, as a direct or indirect result of my participation in those Equine activities as per the State of Colorado Statues relating to Equine activities or other outdoor activities.

I authorize WCTC, LLC or their representative to obtain any emergency medical treatment for a participant that may appear to be necessary during the participant's time while attending as a student of Colorado WCTC. Student shall be solely responsible for all medical treatment expenses due to such illness or injury.

CLINIC FEES ONLY Refund Policy

Persons not accepted to the school are entitled to full refund Reg. fees and Lodging/Food/Books if paid in full. Persons who withdraw before commencement of classes are entitled to a full refund of TUITION, LODGING and FOOD FEES except for the minimum cancellation fee of \$250. Persons who cancel this contract by notifying the Center in writing within (10) business days after signing this REG agreement but before classes commence are entitled to a full refund of TUITION, LODGING, FOOD fees only. In the case of persons withdrawing after commencement of classes, the school will refund of all FEES only based on the percentage of contact hours, attended, as described in the table below. The refund is based on the last date of recorded attendance.

Refund Table

Student is entitled to upon withdrawal/termination	Tuition Refund
Within first 25% of Clinic	50% less cancellation charge
After 25% but within first 80% of Clinic	25% less cancellation charge
After 80% but within first 90% of Clinic	10% less cancellation charge

1. A person may cancel this contract at any time prior to midnight of the 10 days prior to beginning of monthly course clinic after signing the application contract. Cancellation must be in writing address to Western Colorado Training Center 631 Lords Walk Trail Montrose Co. 81403. If a person notifies WCTC in writing termination contract or withdrawal will be the date of the written notice.
2. All refunds will be made within 30 days from the date of termination. The official date of termination or withdrawal of a person shall be determined in the following manner:
 - a. The date on which the WCTC receives written notice of the intention to discontinue the training.
 - b. The date on which the person violates published CTC policy, which provides for termination.
 - c. Should a person fail to return from an excused leave of absence, the effective date of termination for a person on an extended leave of absence or a leave of absence is the earlier of the date WCTC determines the student is not returning or the day following the expected return.
3. A person will receive a refund of eligible REG fees only paid if the person discontinues a Clinic within a period of time a student could have reasonably completed it.
4. In the event of a postponement of a starting date, whether at the request of the WCTC or the student, it will require a written agreement signed by the Clinician and a representative of the WCTC. The agreement will set forth whether postponement is at request of WCTC or by Clinician. It will include a new start date deadline and beyond which the anew start date will not be postponed. If the course is not commenced, or the person fails to attend by the new start date set forth in the agreement, the person will be entitled to an appropriate refund of ALL prepaid REG fees within the 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the WCTC refund policy and all applicable.

Basic Equine and Ranch Management Clinic: I agree to pay total of Clinic costs \$_____ to the Western Colorado Training Center Enclosed is the minimum 50% deposit of \$_____, the balance of \$_____ will be paid by cashiers/personal check or money order 30 days prior to the beginning of my Clinic unless other special arrangements are made with the WCTC.

Terms: All fees are in U.S. funds. We recommend that you obtain trip cancellation insurance to protect against any unforeseen circumstances that might cause cancellation. Personal or company checks are acceptable for deposit, however payment of the balance of fees must be in guaranteed funds (cash, money order, cashiers' check, personal check or travelers' check).

I, _____ **the undersigned, have read, fully understand, and agree to the above terms, conditions and assumption of risks as a condition of this application.**

Student Signature: _____ **Date of Signature:** _____

WCTC Director Signature: _____ **Date of Signature:** _____

After completing this agreement, PLEASE MAIL to: Western Colorado Training Center c/o Monte Long, 631 Lords Walk Trail., Montrose, CO 81403 or email copy monterlong@gmail.com.

