

WESTERN COLORADO TRAINING CENTER

Ranch Management CLINIC

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

REGISTRATION FORM – Ranch 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

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

CLINIC DATES:

Clinics are scheduled on custom 60 day schedule to suit Clinician and WCTC. This 60 day scheduled clinic does NOT include riding, packing, hunting or fishing outdoor training. Food and lodging included per week on a 60day clinic commitment.

Clinic Schedule:

Full time Students: (Monday through Friday: 9:00am – 5:00pm) (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.

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. 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

Basic Equine and Ranch Management Clinic: Clinic is a scheduled 60 day work trade clinic. Food and Lodging furnished by WCTC on a 60 day basis.

Terms: 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.

