

Make checks payable & mail deposit, release, & questionnaire form to:

Team Talmadge
24 Hurricane Creek Road
Sandy Hook, MS. 39479

Name:	Phone:			
Address:	City	, ST	, Zip	
Email:	Age:			
Are there any health or physical conditionic?	tions that the staff should kno	ow about prior (to the	
Yes No If Yes Plea	ase Describe:			
	OR PARTICIPANT			
I hereby allow the above minor partic Clinic. If under I8 a parent or guardia			el Racing and Ho	rsemanship
SIGNATURE:		Date:		
I,understand the following release Talmadge Green and the Talmad every reasonable and prudent eff and has/have sufficient knowled clinic. I also realize and understa Every effort will be made to ensu clinic. I hereby release Talmadge clinic and/or any of the sponsors, accident.	ge Green Barrel Racing a ort to determine my abili ge of equine and horseba and that events involving re the safety of each stud Green and the Talmadge	ment. I recogned Horseman ty to engage in the control of the control the control of the control of the control the control of the control of	gnize and agre- nship Clinic ha in the equine a ills that will be- parrel racing ar horses at the a el Racing and H	te that as/have made activity above, taught in the re dangerous. above listed Horsemanship
SIGNATURE:		Date:		

Required Signature of clinic participant

TALMADGE GREEN

School Of Champions

NAME	TALMADGE'S NOTES		
ADDRESS	1 ST RUN		
CITY ST. ZIP	2 ND RUN		
PHONE	HEAD GEAR_		
AGE (RIDER) AGE (HORSE)	IMPROVEMENT		
DO YOU GO TO THE RIGHT OR LEFT BARREL FIRST?	TIE HORSE		
HOW LONG HAS THIS HORSE BEEN ON BARRELS?	STRAIGHT BACK ()		
HOW LONG HAVE YOU RIDING THIS HORSE?	STRAIGHT BACK WITH ROPES ()		
WHAT PROBLEMS DO YOU HAVE AS A RIDER?	AROUND TO LEFT ()		
	AROUND TO RIGHT ()		
	30 MINUTES EACH WAY 2 DAYS PER WEEK ()		
DO YOU HAVE ANY OF THESE PROBLEMS WITH YOUR HORSE?	30 MINUTES EACH WAY 3 DAYS PER WEEK ()		
PROBLEM COMING IN THE ALLEY?	OTHER NOTES:		
RUNNING PAST THE BARREL? #1 #2 #3			
HITTING THE BARREL? #1 #2 #3			
RUNNING OFF? #1 #2 #3			
HARD TO STOP?			

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