

Modern-Day Horsemanship Clinic

With Patrick Sullivan and Avery Allumbaugh

Presented by the Kansas Horse Council

Date

- June 30th, July 1st & July 2nd

Location

- Saddle & Sirloin in Kansas City

Schedule

- 9am start time each day
- Approximately 5pm conclusion
- Lunch will be provided following the completion of morning sessions



Each day, participants will receive 2 one on one sessions with their horse. Due to the individualized teaching, we welcome participants of all skill levels. Whether you've never done liberty before, or you have a liberty foundation and would like to take it to the next level! Our niche is liberty and bridleless riding, but participants are welcome to use their two sessions as they would like. Participants then get to watch and ask questions during all other sessions.

Sessions are not a set time, as we work with the horse and person until both have accomplished what we started working on and have found a good place to stop.



**Just want to watch?
For only \$50 a day you can
sit in on this incredible
clinic.
Act fast! Only 14 rider spots
available!**



MODERN-DAY
HORSEMANSHIP

Call the Kansas Horse Council at
785-776-0662 or email us at
director@kansashorsecouncil.com to register.



The Kansas Horse Council, Inc. (Sponsor) presents Patrick Sullivan & Avery Allumbaugh (Clinicians), in a Modern-Day Horsemanship liberty clinic at Saddle & Sirloin (Premise Owners), located at 14401 Holmes Rd. Kansas City, MO, 64145

REGISTRATION FORM

June 30, July 1 & July 2, 2023

A Kansas Horse Council Region 5 Event

Please complete the required information FOR EACH RIDER, with ONE RIDER ONLY ON EACH REGISTRATION FORM. Make copies of the form as needed. Riders under 18 years of age MUST BE accompanied by a parent or legal guardian. The total registration fee MUST be paid in full at the time of registration. The clinic is limited to 14 riders/day and is a 3-day clinic with option of day(s). ***If your horse injures persons or other animals, or damages property, YOU are financially responsible for all costs involved. Please be sure you have insurance in place for incidents.** NOTE: A Kansas Horse Council individual or family membership comes with the \$1M Personal Excess Liability policy. Not a member? Join TODAY! www.kansashorsecouncil.com

Rider Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

If participant is under 18, Parent/Guardian Responsible: _____

PROTECTIVE HEADGEAR OFFERING: Protective headgear (i.e. equine approved safety helmet) is required for all riders aged 18 and younger. For riders over the age of 18:

PROTECTIVE HEADGEAR ACCEPTANCE: RIDER WILL WEAR PROTECTIVE HEADGEAR, WHICH RIDER WILL PROVIDE, FIT AND SECURE. SHOULD THE RIDER AT ANY TIME NOT WEAR PROTECTIVE HEADGEAR, RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION.

PROTECTIVE HEADGEAR REFUSAL: RIDER REFUSES TO WEAR ANY TYPE OF PROTECTIVE HEADGEAR RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION.

Waiver and Release:

I understand that equine activities are inherently dangerous given the nature of horses, their size and the risks that accompany riding, including but not limited to outside trails, indoor and outdoor arenas, and/or in clinics or competitions. I expressly assume all risks associated with the same. As a condition precedent to participating in this event, I agree that I will not, on my behalf or on the behalf of any minor children of mine, bring litigation or claim for damages of any kind, including personal injury or death, against the Kansas Horse Council, its Board of Directors, Members or Volunteers, Sponsors, Clinicians and/or the Premise Owners upon whose land I ride (hereinafter collectively "the Released Parties"), including those instances arising from the alleged negligence of the Released Parties.

WARNING

"Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

- (1) The propensity of a domesticated animal to behave in ways, i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them;
- (2) the unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals;
- (3) certain hazards such as surface and subsurface conditions;
- (4) collisions with other domestic animals or objects; and
- (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability."

KS STAT. K.S.A. §60-4002 et. seq. (1994)

Signature: _____

Date: _____

REGISTRATION FEES:	Cost Per Participant	My Fees
Clinic Rider Friday June 30 th	\$250	
Clinic Rider Saturday July 1st	\$250	
Clinic Rider Sunday July 2nd	\$250	
		Additional fee for stabling needs & camping
Clinic Auditor Friday June 30th	\$50	
Clinic Auditor Saturday July 1st	\$50	
Clinic Auditor Sunday July 2 nd	\$50	
Total Due		\$
Snacks, Drinks & Lunch Provided		

We accept CASH, CHECKS, MONEY ORDERS and CREDIT CARDS. An electronic invoice can be sent to you for easy online payment once your registration form is received. Circle One: **Invoice Me** or **Mailing Payment**

Mail:
 Kansas Horse Council
 8831 Quail Lane, Suite 201
 Manhattan, KS 66502

Email:
 director@kansashorsecouncil.com

Stable/Camping Needs? Contact
 Hayley Miller: 913-219-8078

Questions:
 Contact Justine Staten
 Kansas Horse Council
 785-776-0662

EMERGENCY MEDICAL CARE INFORMATION

In case of a medical emergency, please contact:

Name: _____ Relationship _____ Phone Number _____

Name: _____ Relationship _____ Phone Number _____

Physician's Name: _____ Phone Number _____

Preferred Medical Facility/Hospital: _____ Phone Number _____

Medical Insurance Provider: _____

(Please attach a copy of your insurance card, front and back)

Proof of Negative Coggins is required for all horses. If you are hauling from outside of Missouri, you will also need a 15 d. Health Certificate (CVI).