

# Hampshire Stables Riding Clinic – Sign-Up Form

Clinician: Denis Wallis (1988 Olympic Alternate)

Location: Hampshire Stables

## Participant Information

Name: \_\_\_\_\_

Age (if under 18): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Horse Information (Riders Only)

Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Breed: \_\_\_\_\_

Discipline / Experience Level: \_\_\_\_\_

## Clinic Participation Type (check one)

☐ Rider – Private Lesson   ☐ Rider – Semi-Private (2 riders)   ☐ Rider – Group Session   ☐ Auditor (No Horse)

## Time Request (Private Lessons Only)

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release & Liability Waiver

I understand that horseback riding is an inherently risky activity and agree to participate at my own risk. I hereby release and hold harmless Hampshire Stables, Denis Wallis, clinic staff, instructors, volunteers, and property owners from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained while participating in this clinic.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_