



DESENSITIZING YOUR HORSE WITH OBSTACLES CLINIC

with Robert Hayes

Sponsored by the 4-H Trailblazer's Horse Club

Clinic to Benefit Blaze's Equine Rescue

Saturday, January 27th, 2018

Clinic Schedule: 9:00-Noon Morning Session Noon—1:00 pm Lunch 1:00—4:00 pm Afternoon

Silent Auction—Donate items/Bid on Items!

Used Tack Sale—Proceeds to Benefit the 4-H Trailblazer's. Donate Items or Have the Trailblazer's sell your items. 25% consignment fee for items under \$100—15% for items over \$100

- ◆ Sessions last 3 hours. First portion will focus on groundwork with the horse and the second portion will be on horseback navigating obstacles.
- ◆ Maximum Number of 9 Riders in each Session (mixed rider ages). No Stallions. Must be 9 years old to ride in the clinic. Public invited to attend with paid auditing fee.
- ◆ Entries accepted on a first received with payment/first serve basis with 4-Her's receiving preference if entry is received by 1/22. Full payment required with entry. Waiting list entries refunded day of clinic.
- ◆ Clinic Proceeds to benefit the Blaze's Tribute Equine Rescue—Donations Encouraged
- ◆ To be held at the Cleveland County Fairgrounds-Indoor Arena, 615 East Robinson Street, Norman, OK.
- ◆ Questions about the clinic, silent auction, or used tack sale? Contact Pamela Byers 405-990-8963

Entry Form

One Form Per Person

Rider/Auditor (Circle One): _____

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

Phone #s: _____ **E-mail:** _____

If riding - Horse's Name: _____ **Riding Preference (check one):** _____AM _____PM

Riding Fees:	Prepaid Auditing Fees:
_____ \$120 Adult Riding Session	_____ \$20 Adult Auditing Fee
_____ \$80 Youth Riding Session (18 & under)	_____ \$15 Youth Auditing Fee
_____ \$60 4-H Member Riding Session	_____ \$10 4-H Member Auditing Fee

Total Fees: _____ **Auditing—At the Door Day of Clinic —Additional \$5**

Make Checks Payable to 4-H Foundation

Mail to: Pamela Byers, Gallery Farm, P.O. Box 915, Noble, OK 73068 Phone: (405) 990-8963
Include copy of current Coggins (within one year of clinic date) with entry. Bring original Coggins to clinic.

THIS IS A RELEASE OF LIABILITY. PLEASE READ BEFORE SIGNING:

I am participating in this equestrian sport. I understand that this is a high risk sport. I hereby assume all risks and further do hereby release and hold harmless Cleveland County 4-H Trailblazer's Club, Cleveland County Fairgrounds, and the clinic organizers from liability for negligence resulting in accidents, damage, injury, or illness to myself and to my property, including the horse(s) which I will ride. If under age 20, I agree to wear protective headgear while riding which meets the standards currently imposed by United States Equestrian Association. I have read and do understand and agree all the above information. My signature below is an affirmation of my agreement.

Rider Signature _____ Date _____ Owner or Agent Signature _____ Date _____
Guardian Signature, if under 18 _____