

**ROBIN GOLLEHON CLINIC REGISTRATION FORM**  
**Ceres, California - May 22-23, 2010**

**Saturday: YEARLING LONGE LINE/IN-HAND TRAIL**

**Sunday: WINNING UNDER SADDLE**

**MAY 22 - YEARLING LONGE LINE / IN-HAND TRAIL**

Participate with a horse	\$275	\$ _____
Audit	\$ 50	\$ _____

**MAY 23 - WINNING UNDER SADDLE**

Participate with a horse	\$275	\$ _____
Audit	\$ 50	\$ _____

Participate with a different horse both days	\$500	\$ _____
Audit both days	\$ 75	\$ _____
Total		\$ _____

**STUDENT** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**NO REFUNDS UNLESS CLINIC IS CANCELED**

**LIABILITY RELEASE:** I hereby release Roger and Robin Gollehon, Gollehon Quarter Horses and all those associated with Gollehon Quarter Horses from all liabilities of any kind for loss, damage or injury to horses or handlers or any property said owner may have on the grounds. I hereby make entry at my own risk and agree for myself and my representatives to be bound thereby.

**WARNING:** Under California Law, an Equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

**MODEL RELEASE:** I hereby give permission to Roger and Robin Gollehon, Gollehon Quarter Horses, to use my name and photographed/videoed likeness in all forms and media for advertising, trade and any other lawful purposes. Portions of the clinics may be video recorded or photographed and I the undersigned understand that I will/may appear in the photograph/video/DVD that may be advertised/sold worldwide.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Signature of Parent/Guardian if under 18 years old)

**SEND RESERVATION FORM TO: Maria Faria**

3200 S. Walnut Rd, Turlock, CA 95380, 209-606-2784 cell, 209-883-8255 work, [mffaria@tid.org](mailto:mffaria@tid.org)