

ROBIN GOLLEHON CLINIC REGISTRATION FORM VERSAILLES, KENTUCKY - FEBRUARY 20, 2010

YEARLING LONGE LINE

www.YoungHeadStart.com

FEBRUARY 20 - YEARLING LONGE LINE

Participate with a horse	\$225	\$ _____
Audit	\$ 50	\$ _____

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 Kentucky 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:

**Robin Gollehon, 1070 Kidds Mill Rd, Versailles, KY 40383
317-408-5150, RR@Gollehon.com**