

Reese Creek Ranch

Entry Form

Rider's Name _____ Horses Name _____

Mailing Address _____

#

Street

City

State

Zip

Phone: _____ e-mail _____

541-601-7062 Cell
541-826-7062 Ranch Phone
ajohnson@orop.com

Mail To:
Reese Creek Ranch
615 Butte Falls Hwy
Eagle Point, Or. 97524

Clinic's Fill Fast!

LUNCH INCLUDED!

1.) 7/31/10- John Keener Reining Clinic-9:00am- ? \$65.00 _____

. Checks payable to Reese Creek Ranch.

Helmets Required any-one under 18 years of age. All Participants must sign a waiver. Children Under 18, parents signature needed for waiver. Riding Boots required.

I understand the potential dangers that I could incur in mounting, riding, walking, boarding, feeding said horse; including, but not limited to, and interactions with other horses. Understanding those risks I hereby release that Company, its officers, directors, shareholders, employees, trainers, and anyone else directly or indirectly connected with that company from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or my horse or anyone else, including my guests or relatives.

Signature _____ Date _____