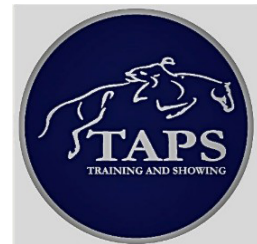




2025 Tracy Percival Forman Clinic Series

Hosted by the Barneveld Horseman's Association

June 21, July 6 and August 10



Name: _____

Address: _____

Phone: _____ Email: _____

Horse Name: _____ Age: _____

Clinic Date(s): _____ Payment: _____

Preferred Fence Height: _____ (18", 2', 2'3", 2'6"+)

Area Of Preference: Fenced Ring Jumping Field X Country/Derby Field

Is There An Area You Are Not Comfortable In? Which Area: _____

Current Proof of Rabies Vaccine and Coggins Received: _____

Payment Received: _____

Use of the facility constitutes an acceptance of this agreement. Failure to sign and acknowledge this waiver will qualify an individual as a trespasser. I state that I understand there is an inherent risk involved in the participation in horse sports and activities. I therefore agree to hold neither the Barneveld Horseman's Association, its officers, committees, the property owners, nor any group or individual responsible for any accidents, damage, or injury or illness to horses, owners, riders, drivers, employees or attendants, or any other person or property in connection with this event, by my use of the Caernarvon Horse Park or its surrounding areas. I hereby agree for myself and my representatives to be bound by this and use the facility and area at my own risk.

Print Name: _____

Signature: _____ Date: _____