

Dena Kirkpatrick Clinics - Sh

Date of Event:
Full Name
Street Address
City, State, Zip
Home Phone
Cell Phone
Email
Breed of Horse
Sex Of Horse
Age Of Horse
#1-Emergency Contact Name
Phone Number
Alternate Phone Number
#2-Emergency Contact Name
Phone Number
Alternate Phone Number
For Minors under the age of 18
Name Parents/Gaurdian
Birth date of rider
Special Instructions

I recognize the inherent risks of injury involve taking lessons with Dena Kirkpatrick/Pam Bou voluntarily release Dena Kirkpatrick/Pam Bou responsibility on account of any injury I or my connection therewith, and I agree to indemn her employees and agents on account of any

I understand that there will be no EMT's, Me

Print Name _____

Sign Name _____

Date: _____

