

Clinic application details

Please return via post A.S.A.P. or fax to: (03) 5773 4257

Holding a clinic presented by Jason McInnes in your local area is not only a great way of gaining new knowledge and skills when hanging out with like minded people, it's also an opportunity to promote your own facility, young stock for sale or competition prospects. Your presentation can take place during intervals such as the lunch time break (12noon - 1pm) or after clinic hours. You can also purchase merchandise to be raffled as a fund raiser for your organisation. Feel free to discuss this option on completion of this application. All clinics need a **minimum of 8 people** to become viable but **no maximum applies** based on the facility size.

Please note the finer details of clinic requirements below.

Clients name: _____ Clients address: _____

_____ Phone #: _____

Mobile #: _____ Fax #: _____

Email address: _____

Facility location: _____

Preferred clinic date: _____ Quoted price p/day for participants: \$ 150.00

Quoted price p/day for bench sitters: \$ 35.00

Preferred clinic content. (Horsemanship is the foundation to anything you do with horses so it always accompanies any of the other clinics.)

Horsemanship only Dressage Jumping Fun, wealth & health

Float loading Womens Confidence building Trail riding etiquette

Kids clinic Confidence building for spooky horse's Other: _____

Clinic requirements

1. The person on this application form will become the contact and first point of call for Jason McInnes Classical Horsemanship (JMCH).
2. Any equipment needed for specific clinics will need to be supplied by the client and or JMCH.
3. The client organising the clinic will be offered a 50% discount on their participation and a free rope halter for their efforts in organising the event.
4. Toilets, under cover shelter and adequate horse facilities need to be provided by the client.
5. 25% deposit for each person attending the clinic will need to be sent to our office with the application or direct debited into the following account.

Please provide reference with the direct deposit.

CBA Alexandra - Avalon Reign Stud and Training Centre

BSB: 063 628 Account: 1007 5336

6. Refunds will only be given within 1 week of the clinic date.
7. Morning tea, lunch and afternoon tea is the responsibility of the individual.
8. Any phone calls relating to the organisation of clinics need to be logged and then they will be reimbursed at the time of the clinic.
9. Any advertising to promote the clinic will be organised through our office. Contact details of publication will need to be supplied by the client.
10. If participant numbers fall below the min. 8 needed the clinic dates may need to be changed to allow more time to recruit more participants or each participant will need to pay extra to make up the numbers.
11. Equipment and merchandise will be on sale at each clinic



"Avalon Reign"
659 Yarck Rd Yarck
Victoria 3719

Ph: 03 5773 4236

F: 03 5773 4257

www.jasonmcinnes.com.au

E: jmcinnes@virtual.net.au

Specialising in:

- Foal Imprinting
- Yearling Training
- Starting Youngsters
- Foundation Training
- Performance Training
- Race Pre-training
- Problem Horses
- Rider Education
- Demonstrations
- Staff Training
- Equipment

"Where your horse's future is shaped, not broken"

Check List

Completed

Forms

- Participant details form
- Waiver forms
- Phone call log
- Advertising requirements
- 25% deposit sent with application

Clinic requirements

- Location equipment organised
- Rider equipment organised
- Horse equipment organised
- Toilets available
- Chairs and undercover area supplied



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Participants details

Names	Address	Phone	Email
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			



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Release & Waiver of Liability

Please return A.S.A.P.



Riders name: _____ Address: _____

Phone #: _____ Mobile #: _____

D.O.B: _____ Occupation: _____

Horseriding is a dangerous activity

I understand and acknowledge that horse riding is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I understand and acknowledge that serious **INJURY OR DEATH** may result from horse riding activities and in particular this session and any future sessions. I agree that I **RIDE** at my **OWN RISK**. I agree not to drink alcohol or take drugs prohibited by law before or during this session and any future sessions. I also agree to wear an approved safety helmet at all times whilst I'm riding in this session or future sessions.

Effect of this document

I understand that my signature to this document constitutes a complete and unconditional release of all liability towards Jason, Joanne or Jessica McInnes and Avalon Reign Stud & Training Centre, to the greatest extent allowed by law in the event of me and or the children under my care, suffering injury or death.

Signature of rider/guardian

Date: _____

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*Jason
McInnes*
Certified Trainer

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