

Foundations and Beyond Horsemanship In-Hand Clinic Packet

Thank you for choosing to join us for our In-Hand Clinic Day!

Details;

Date: March 20, 2021, hours will be 9 am – 5 pm. Please plan to arrive around 8:30 am so you have time to come check in.

Cost: \$50 (please include payment with your signed papers)

Location: Foundations and Beyond Horsemanship

2765 SW 3rd Avenue

Fruitland, Idaho 83619

To reserve your spot at this clinic sign and send pages 4, 5, and 6 with your payment to us at FAB Horsemanship.

Section 1 -Rules

Section 2 – Tack

Section 3 – Safety, release, medical

Success Tips;

Bring appropriate clothing for the weather. Be prepared for hot or cold. You will be outside, prepare accordingly. You may want sunscreen, hat, sunglasses, gloves, coat, etc.

Remember to bring a lunch for yourself.

Try to drink plenty of fluids.

Remember your horse will be working, bring extra feed and be sure to monitor your horse's water intake.

Remember you will be working too! Be sure to have convenient snacks and drinks available for yourself as well.

If you have any questions please call or email us,

Ted at Ted@fabhorsemanship.com or 541-212-3330

or Leni at Leni@fabhorsemanship.com or 541-212-3555.

Thanks for this opportunity to be part of your journey to achieve your horsemanship goals. We are looking forward to working with you and your horse.

Tack Requirements

You will need a rope halter and a fourteen-foot lead. It does not need to be a Downunder Horsemanship halter and lead but Ted does think that style is the best design and encourages you to use it. A high quality lead made of yachting rope is the easiest type of lead to work with.

You will need a training stick and string. Again, this does not need to be a Downunder stick and string but should be similar. Any variety of training stick, about four feet in length with about a five – six-foot string will do.

ADDITIONAL ITEMS - Please bring interference boots, bell boots or sport boots if your horse needs them. Most horses will initially be somewhat awkward at least in a few of the exercises so it is a good idea to have protection on hand. As always, bring your horse's first aid supplies.

RULES

You can take all the still photos you would like.

Video recording of any kind is not allowed.

No stallions are allowed at this clinic. Talk to Ted for clinic options for stallions.

Be courteous and supportive of your fellow participants.

At this point we do not require health papers or Coggin's tests but you may need them to travel legally. We also do recommend that you have your horse's health care and papers in order.

I am aware that I am bringing my horse into contact with several other horses from several other areas and assume all possible risk associated with this fact.

Signature

date

For the safety of all participants and horses if your horse has known behavior and or safety issues you need to discuss those ahead of time with Ted (541-212-3330).

I consent to the publication of my name picture, videotaped image, etc. by Foundations and Beyond Horsemanship and/or Ted Nicholes.

Signature

date

RELEASE OF LIABILITY

I understand that in order to participate in a horsemanship clinic with Ted Nicholes I will be working with and around horses and/or ponies. I understand the risk of injury from equestrian activities and events is significant. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of those persons released from liability. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless Ted Nicholes, and his family, employees and associates with respect to any and all injury, disability, death, loss or damage to persons, horses or property. I agree that this Release of Liability covers each and every time I engage in equestrian activities with Ted Nicholes whether on his property or elsewhere. I also release and hold harmless; the owner(s) and /or tenant(s) and their respective families, employees or associates, of any property or facility that we may be on, occupying, or using.

I understand that the use of riding safety helmets is recommended and acknowledge that to use a helmet or not is my choice.

I have read this release of liability and fully understand its terms.

Signature

date

Printed name

date

EMERGENCY information page

Name: _____ Date of birth: _____

Phone: _____ Email: _____

Clinic Helper/Auditor Name _____

Your helper does NOT need to pay any fees. Extra spectators are \$10 per person.

Who to contact in case of emergency, name _____

Phone # _____ alternate phone # _____

Please note any relevant medical information (drug allergies, existing conditions, etc.) here;

I understand that in case of medical emergency I will be taken to the nearest urgent care facility, unless I have requested a specific facility.

Signature

date
