



Clinic Application

Name	Today's Date
Address	Cell Phone Alternate Phone
Date of Birth	Email
Date of Clinic Requesting	Clinic Requesting (Horsemanship I, II & Etc.)
List CCHA Clinics Previously attended	Year or Date Previously attended

1. How would you classify yourself as a rider? (please circle):

Beginner
 Intermediate
 Advanced
 Professional (Trainer)

2. What discipline do you prefer? (please circle):

English
 Western

3. Do you compete? (please circle):

If so please list _____

4. Do you own a horse? (please circle): YES / NO

5. How long have you been riding? _____

6. How often do you ride? _____

7. How old is the horse you are bringing? _____

8. Do you need to lease a Ranch Horse? (please circle): YES / NO

9. Can you trot on a loose rein? (please circle): YES / NO



- 10. Can you post at a trot? (please circle): **YES / NO**
- 11. Can you canter / lope on a loose rein? (please circle): **YES / NO**
- 12. Have you participated in another clinic before? (please circle): **YES / NO**
If yes, when and with whom?

- 13. Have you had an accident or traumatic experience with a horse? **YES / NO**
If yes, please attach a sheet of paper with details
- 14. What type of horse are you bringing? (please circle): **Mare / Gelding**
- 15. Will you be staying in the Bunkhouse? (please circle): **YES / NO**
- 16. Will you be staying in a hotel? (please circle): **YES / NO**
- 17. Do you plan on staying in your horse trailer living quarter? (please circle): **YES / NO**
- 18. Do you have any physical or medical conditions? (please circle): **YES / NO**

If yes please explain: _____

- 19. in case of an emergency please contact:

Contact Name: _____

Contact Number: _____

Alternate Contact: _____

Contact Number: _____

- 20. How did you hear about us?
 - a. **Website**
 - b. **RFD TV**
 - c. **Expo or Demo**
 - d. **Through Somebody**
 - e. **Other**

Fax or Email all forms back to:
Fax 940-327-8183 or email cs@chris-cox.com



Participant Information.

- You **must** complete & return the enclosed Forms.
- You **must** be 18 years of age or over to participate in a CCHC clinic.
- You **must** supply a copy of the negative Coggins Report (all horses) and Health Certificate (out of state horses) to the host facility **before** you unload your horse.

COST: \$2499.00 ALL INCLUSIVE

DEPOSIT: \$1000.00 Deposit is due at the time you make your reservation

FINAL PAYMENT: Your final payment is due 45 days out from the first date of the clinic. **Note: All clinic deposits are non-refundable and non-transferable.**

Clinic hours: 9 am to 5 pm each day Monday – Friday.

9am to 3 pm - Saturday.

Saturday is a clinic day! Please do not plan to leave early! We usually finish up around 3 pm on Saturday.

If you plan on staying overnight on Saturday night (last day of the clinic) or are planning on arriving early, please call the office and let us know! There is an extra night fee charged as follows: Bunkhouse \$35.00 (per person/per night); Stall Fee \$25.00 per night; Hookup Fee \$20.00 per night. You may pay the extra night fees on Saturday when you check out.

RV Hookups are available on the ranch at **\$20.00 per night**. Be sure to let us know if you prefer an RV Hookup. Hookups are water and electric.

Spectators/Auditors are welcome at a cost of \$35 a day and may not bring horses to the clinic.

Clinic Info

6-day clinics on the ranch are all inclusive (includes accommodations in the Lonesome Dove Bunkhouse Hotel, meals, stall fee & 2 bags of shavings)

- Rope Halter & 13-foot Lead Rope
- Riding Boots with flat leather soles and proper riding heels are best.
- **NO** videotaping is permitted during any part of the clinic. This includes the use of any type of recording device, including cell phones.
- Still photos are allowed.
- **NO SMOKING is permitted on the ranch!** This includes no smoking in your vehicle, the bunkhouse, barns, porches, etc. If you need a smoke break, please leave the ranch to smoke. We appreciate your cooperation!
- **NO DOGS** are permitted on the ranch unless he is a certified service dog. Please call the office and let us know if you are bringing your service dog.



- The course requires a horse that you are comfortable riding at a walk or trot on a loose rein.
- At times, you will be riding outside the arena so you need to be comfortable riding in these situations. **No green broke horses or studs**
- This is a group clinic and your horse needs to be reasonable manageable. Individual assistance will be given as needed and up to a certain amount without interfering with the progression of the group session.
- The number of participant spots are limited so each rider can expect to get individual feedback throughout the clinic, as well as benefit from the feedback Chris will give others.
- If you are renting a ranch clinic horse – saddle, hay, feed etc. are included. You are responsible for the care of your rental horse and the maintenance of its stall.
- You will need to arrive at the ranch on **Sunday afternoon between 2 pm and 6 pm – the day before the clinic begins. Dinner is not served on Sunday night!**

The Horsemanship Clinics are progressive. The knowledge and skills learned will build each day and the techniques and methods taught are fundamentals of Chris Cox's program. These are practical and effective techniques which you can use every day to communicate with your horse.

To be prepared you may want to view Chris's DVD Groundwork in Preparation for Riding before attending your horsemanship clinic. This program will assist you with the terminology and what will be expected from Chris and his qualified instructors.

Come prepared and ready to learn with an open mind. Please inform us on any physical problems or disabilities that will hinder you and your horses' ability, **prior** to attending the clinic.



**AGREEMENT BETWEEN CLINIC PARTICIPANT
AND CHRIS COX HORSEMANSHIP CO.**

Please sign and return a copy of this agreement with your release forms.

I have read and understand the Participant Information associated with attending a Chris Cox Horsemanship Clinic at the Diamond Double C Ranch in Mineral Wells, TX. I understand that my deposit and final payments are non-refundable and non-transferable. If I have to cancel I agree to notify Chris Cox Horsemanship as soon as possible. I understand that I will be given a "rollover" credit of all monies paid to be used towards a future Chris Cox Clinic held within 12 months at no additional charge.

Participant Signature _____ Date: _____

Print Name _____

PHOTO/FILM/VIDEO/PERSONAL RELEASE

This writing signed and executed as of this date of _____, 20__

confirms that the undersigned has agreed to be photographed, filmed and/or videotaped by Chris Cox Horsemanship Company (the "Production Company") and its successors and that the Production Company will own any and all rights in said photography, filming and/or videotaping and the undersigned now waives, as to the Production Company and its successors, assigns and licensees, all personal right and objections to any use to be made of such photography, filming or videotaping of the undersigned, the undersigned's name or the undersigned's personality in connection with the use of the photography, filming or videotaping containing likeness of the undersigned for any and all motion picture, radio and/or television purposes, and performances thereof, accompanied by any narration and dialogue whatsoever, and the publicity in connection therewith, and/or any other trade and advertising purposes. The undersigned hereby represents that the undersigned understands that in proceeding with said photography, filming, or videotaping, the Production Company will do so in full reliance on the foregoing permission.

Signature _____ Date: _____

Print Name _____



Participant Waiver

I understand that I am expected to use my assigned stall and shall provide the necessary care to my personal horse(s) or my rental horse(s) and its equipment.

I understand that I am to supply my own feed for my personal horse(s).

I have and can provide a Negative Coggins Test for my horse and other applicable health papers required.

I understand and agree that I am solely responsible for any loss or injury done to or caused by my personal horse/rental horse or myself and shall hold Chris Cox Horsemanship Company harmless from any loss, cost or expense.

Under certain laws, an equine activity sponsor or equine professional is not liable for an injury to, or the death of a participant, in equine activities resulting from the inherent risk of equine activities.

I agree to and understand the instructions and responsibilities assumed by me, and release Chris Cox Horsemanship Company and Chris Cox, Instructor, employees, volunteers, or ranch helpers from any liability involving my horse, myself, or injury to or caused by other participants.

I understand that rider helmets are recommended but not required and are not provided by Chris Cox Horsemanship Company. I elect to participate and ride with or without a helmet.

I have read and understand the meaning of this release.

Signature _____ Date _____

Print Name _____