

"GIDDY UP GANG RIDE AGAIN"

Horsemanship 11



Hosted by:

Gentle Specialist
Katherine Barbaritz of Whispering Hooves, LLC®

[Registration & Liability Waiver Form](#)

Send this Registration & Liability Waiver Form along with your check for total amount to:

[Whispering Hooves, LLC® 95 Hunter Ave. Miller Place, NY 11764](#)

Roundup Location:: Kay El Bar Guest Ranch Date: December 5-12, 2010

Varmints Name _____

Rider over 18 yrs of age? Yes / No (Circle One)

Adobe Address _____

Phone _____ **(h)** _____ **(c)** _____

Pony Express or Email _____

Emergency Contact or Next of Kin _____

Where did you hear about this event? _____

Giddy Up Gang's Special Package:

✚ Lodge Room & Casa Monterey: King, Queen, Dbl or Twin w/ Private Bathrooms:

Single Occupancy \$1470 per person _____ x _____ = _____

Double Occupancy \$1365 per person _____ x _____ = _____

✚ Homestead House (min. 4 people) Two bedroom, Two bathrooms, Cottage w/ Living room and Fireplace:

\$1400 per person _____ x _____ = _____

✚ Casa Grand (min. of 2 people) King & Twin with private bath and Fireplace:

\$1435 per person _____ x _____ = _____

Grand Total: _____

****A \$500 initial deposit is required to secure your space per person.

LIMITED SPACE AVAILABLE

RELEASE and WAIVER: I, THE UNDERSIGNED, HEREBY RELEASE Katherine Barbarite, Whispering Hooves, LLC® their family and heirs, clinic or riding assistants, clinic or ride sponsors, barn owners, managers, employees and auditors, from all claims, demands, action or cause of action of any kind or nature whatsoever, whether now known or ascertained, or which may hereafter develop or accrue me in favor of myself, representatives or dependents, on account of or by reason of any injury, loss, or damage, which may be suffered by me or them, or to any property animate or inanimate, belonging to me or used by me, because of any matter, thing or condition, negligence or default whatsoever and I hereby assume and accept full risk of danger or any hurt, injury or damage which may occur through or by any reason or any matter, thing, or condition, by any person whatsoever. An additional waiver of liability may be required by the facility hosting this clinic and or ride adventure.

CANCELLATION POLICY:

No refunds will be given.

I, the Undersigned, understand and agree to the terms above:

SIGNATURE:

Participant _____ Date: _____

Participant _____ Date _____

Guardian (if under the age of 18)

_____ Date _____

If you have questions or need help filling out the form, call (631) 764-7515

email Kathy@whisperinghooves.com