



Nita Jo Rush
 ★★☆☆ 4-Star ★★☆☆
Senior Parelli Instructor
Horse Development Specialist
 www.pnhsavvy.com

**Level 1 Get Started
Clinic**

May 24-25, 2014

Nita Jo's Place
 13369 20th St.
 Bowlus, MN 56314
 612-581-0240

REGISTRATION FORMS

Name _____ Age _____ Parelli Member # _____

Address _____
Street City State Zip

Phone Number (home) _____ (cell) _____

Email Address _____

Emergency Contact _____ Phone _____ Relationship _____

Allergies, medical conditions, etc. _____

Horse's Name _____ Age _____ Sex _____ Breed _____

F E E S

Clinic Participants: \$400 when paid by check; \$425 with Psaypal Auditors: \$30/day; \$50 for weekend

Fees Due:xs

Total Clinic or Auditor Fees	\$ _____	
50% Deposit	\$ _____	Paid with Paypal? Y N
Balance, due April 30, 2014	\$ _____	Date _____
Auditor Fee	\$ _____	
Total Enclosed	\$ _____	

Please complete **all pages** of this form, with **separate forms for each participant or auditor** and mail, with a check payable to **Natural Horse Savvy, LLC**, to
 Nita Jo Rush, 13369 20th St., Bowlus MN 56314

If you have paid by Paypal, just make a note in the "Fees" section to that effect.

Thank You!

PLEASE NOTE

There will be NO REFUNDS unless the clinic is cancelled by the instructor. If you find you are unable to attend the clinic, you will need to find someone to take your spot. If we have a waiting list we can try to help find a replacement. There will be a \$50 cancellation fee applied if we are involved in finding a replacement. Please sign to indicate your agreement with this policy. Signature:

STALLING/HOUSING AT NITA JO'S PLACE

13369 20th Street • Bowlus, MN 56314 • www.pnhsavvy.com

You will need to provide your own hay, grain, supplements as well as a current negative Coggins paper. Hay bags are required for indoor stalls, recommended for outdoor pens. Water buckets are provided. Wood shavings are not necessary. Please be current with all the vaccinations which you typically give your horse. Nita Jo also requests that you deworm your horse with Ivermectin 10 days prior to your arrival.

Horse and Human Accommodations

Food/drink are NOT available on site. Please bring your own food, lawn chair, sunscreen, jacket, notebook, etc.

\$20/day outdoor pen; \$20/day indoor stall

- Camping: \$20/night with electric hook-up; \$10/night for rustic camping (trailer w/out electric)
- Fully Furnished Barn Apartment: \$50/night (one person) \$60/night (two people)
- Nita Jo's Trailer LQ (fully furnished): \$40/night (one person) (This option is available after May 15)

Stalling and Housing Fees

Stall/pen fees; \$20 x number of nights = _____

Camping with electric; \$20x number of days _____

Rustic camping (w/out electric) \$10 x number of days _____

Apartment; \$50 x number of nights for one; \$60 x number of nights for two _____

Nita Jo's Trailer LQ (fully furnished); \$40 x number of nights _____

TOTAL ACCOMMODATION FEES _____

Need electric hookup? Yes No

Hotel name if applicable _____

Nearby motels are in Little Falls, St. Joseph, and St. Cloud

Please **wait to pay** for stalling and/or housing until you're at the clinic so that we have an accurate count of how many nights you and your horse stayed. Make check out to Natural Horse Savvy, LLC.

Thanks!

STUDENT RELEASE OF LIABILITY

(Read carefully before signing)

In consideration of being allowed to participate in any way in Parelli Natural Horsemanship (PNH) instruction provided by Licensed Parelli Professional Nita Jo Rush (the Instructor), its related events and activities (including but not restricted to practice on my own), I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury to me, my horse(s), and others invited by me to take part in the activities involved in this program may be significant, including the potential for permanent paralysis or death. This risk includes but is not limited to being in the presence of, mounted on, and/or leading horses.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my presence and participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern regarding my readiness to participate and/or the program itself, I will remove myself and my horse(s) from participation and bring such concern to the attention of the Instructor and/or the facility (barn) owner immediately.
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE** the Instructor, PNH, its officers, officials, agents and/or employees, other participants, sponsors, and, if applicable, owners and lessors of premises used to conduct the lessons/event (the Releasees), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, loss or damage to person or property incident to my involvement or participation in these lessons, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my involvement or participation in these lessons, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. **I UNDERSTAND THIS AGREEMENT HOLDS FOR ANY AND ALL RISKS ASSOCIATED WITH PNH INSTRUCTION BY THE ABOVE NAMED INSTRUCTOR FROM THIS DATE FORWARD, COVERS ANY AND ALL FUTURE INSTRUCTION WITH SAID INSTRUCTOR, AND THAT ANY PREVIOUS RELEASE SIGNED IN THIS REGARD CONTINUES TO BE VALID.**

Student's Name _____ Date _____ DOB (if under 18) _____

Address _____
Street City State Zip

Phone Number (home) _____ (cell) _____

Email Address _____

Student's (or guardian's) Signature _____

*Please include **entire** mailing address and **print legibly**. Thanks!*

PHOTO/VIDEO RELEASE FORM

(Read carefully before signing)

I hereby expressly grant to said Nita Jo Rush dba Natural Horse Savvy, LLC, and/or her assistants, or any clinic auditors (photographers) and all licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, publish, and/or resell photographic pictures and/or moving pictures and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and any of my possessions, including real and personal property, which photographic and /or moving pictures, videotaped images and/or possessions are photographed, taped, videotaped and/or recorded on this date and thereafter, and circulate the same in all forms and media (including, but not limited to: videotapes, audio tapes, compact discs, computer files, film, slides, and photographs) for art, advertising, trade, competition of every description and/or any lawful purpose whatsoever. I also consent to the use of any printed matter in conjunction therewith. I acknowledge that I have no interest, ownership, or copyright rights in any pictures, images or recording in any forms or media thereof produced by those grantees named above.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising or printed copy or soundtrack that may be used in conjunction therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to save harmless Nita Jo Rush dba Natural Horse Savvy, LLC, and photographers, their successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said pictures, images, or recordings, and from liability for violation of any personal or proprietary rights that I may have in connection with said pictures, images, or recordings and with the use thereof.

Student's Name _____ Date _____ DOB (if under 18) _____

Address _____

Street

City

State

Zip

Phone Number (home) _____ (cell) _____

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