



**Nita Jo Rush**  
★★★★4-Star★★★★  
**Senior Parelli Instructor**  
**Horse Development Specialist**  
[www.pnhsavvy.com](http://www.pnhsavvy.com)

**Rust-Busters' Clinics,  
Parts I and II**

**April 5-6 and 26-27,  
2014**

Nita Jo's Place  
13369 20<sup>th</sup> 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: \$720 for both weekends!**

**Auditors: \$30/day; \$90 for both weekends**

### Participant Fee

~full amount due in order to

take advantage of the 10% discount \$ \_\_\_\_\_

Auditor Fees \$ \_\_\_\_\_

**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 20<sup>th</sup> St., Bowlus MN 56314

**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 20<sup>th</sup> 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 between May 15 and September 30)

## 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. Thank you!*

# 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) \_\_\_\_\_

Email Address \_\_\_\_\_

Student's (or guardian's) Signature \_\_\_\_\_

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