

APPLICATION
Winter Training Program with
ERIC HORGAN
******* Winter 2017 *******

Name _____			
Mailing Address _____			
Town	State	Zip	
_____		_____	
Home Telephone	cell phone		_____
_____		_____	
E-mail Address _____			
How do you prefer to be contacted, i.e. USPO or email _____			

Health insurance carrier _____
Group/Policy Number _____
Emergency Contact in case of accident _____ phone _____
Do you have any health issues or past injuries we should be aware of, i.e. asthma, diabetes, neck/back injury? _____

Please describe your riding background, including your level of instruction, and any competition history with the horse(s) you are riding.

Please give some background on the horse(s) you will be riding (if more than one horse, please use the back of the page):

Name _____ **Breed** _____ **Age** _____ **Sex** _____

Level of training/competition: _____

Does your horse(s) have any health or soundness concerns that I should be aware of? _____

If yes, please explain. _____

Eric's instructional approach is goal-oriented, with the aim being to help each rider achieve the goals he or she establishes for you and your horse. Please state the riding/training goal(s) you wish to accomplish with Eric. The more specific you can be, the better. If you are riding more than one horse, please list your goal(s) for each horse separately.

Please list any specific training issues that might need to be addressed in order for you to meet your goal(s). _____

What, if any, competition plans do you have while in Aiken? Please give the dates. _____

Please feel free to use the back of this sheet to give any additional information about you or your horse(s) that will make the instructional sessions more productive for you.

I understand that horseback riding is a high-risk activity. I am participating at my own risk. I hereby release and hold harmless Eric D. Horgan, and any Organizers, Volunteers, or Property Owners, including but not limited to Jumping Branch Farm, from all liability for any accidents, damage, injury or illness to horses, owners, riders, employees, attendants, spectators or to any other person or property suffered during, or in connection with, this instructional program.

Signed _____ Date _____

All checks are to be made out to Eric D. Horgan.