



THE COLORADO HORSE PARK

Ride & Learn Series Presents...

Diane Carney

Monday, June 26 and Tuesday, June 27, 2017

Diane Carney is a Chicago based grand prix rider, hunter rider, clinician, USHJA certified trainer, event organizer, commentator, course designer, USEF R judge, USEF International Disciplines Committee member and USHJA Board of Directors member. Carney designed the 2016 ASPCA Maclay Finals course, and judged the event alongside Rachel Kennedy. Carney has received the USHJA President's Distinguished Service Award three times for her involvement in USHJA national programs; first in 2004, for her leadership in forming the USHJA Clinics Program, then in 2007 for her influence and direction of the International Hunter Derby Program, and recently in 2015 for her contribution in Governance.

On day one of the clinic, Diane will be doing a dressage warm-up, gymnastics, bending line work, etc. The second day will follow with rider position and balance in the flatwork.

For more information, please visit Diane's website at <http://www.telluridefarm.com/>

Sessions (*Please select all that apply and verify you have COMPETED at this level*):

- Jumper
- Hunter
- Equitation
- Height Training: _____
- Height Showing: _____

Clinic:

- Monday (ONLY) \$200
- Tuesday (ONLY) \$200
- Both Days \$395

Haul In/Stabling:

- Number of Horses _____
- No. of Nights _____
- Stabling (per horse, per night) \$40 _____
- Haul-In (per day, if not stabling) \$15 _____

Other Packages:

- Auditing (Per Day) \$50 _____
- Reception Dinner \$50 _____ \$30 (Under 21) _____
 - Reception after Day One of the Clinic on: **Monday, June 26, 2017** in the Grand Prix Ballroom.
 - Includes appetizers and two drink tickets (liquor and select soda's or water only)
 - *Additional beverages will be available at an additional cost to the attendee*

Ride & Learn Clinic Payment Form

Name: _____
Horse(s) Name: _____
Trainer's Name/Barn Name: _____
Address: _____ City/State/Zip: _____
Cell Phone: _____ Alternate Phone: _____
Email: _____
Address: _____
Trainer's Name: _____

Please make checks payable to: The Colorado Horse Park
Visa () MC () AMEX ()

Name on Credit Card: _____
Credit Card Number: _____
Expiration Date (MM/YY): _____ CVV Code: _____
Signature: _____ Date: _____

Included in the clinic fee is a \$50.00 non-refundable deposit/office fee. Refunds before closing date will be in full, minus the deposit. There will be no refunds after the closing date.

I understand that the sport of showjumping is a high-risk sport and that my participation in this educational activity may also involve participation in an "equine activity" as defined by applicable laws and is wholly at my own risk. I understand that my participation involves all inherent risks associated with the dangers and conditions which are an integral part of equine activities, including, but not limited to, the property of equines to behave in ways which may result in injury, harm of, or even death to humans and other animals around or near them; the unpredictability of equine reaction to sounds, sudden movement, smells and unfamiliar objects; persons or other animals; hazards related to the surface and surface conditions; collisions with other equines or objects; and the potential of a participant to act in a negligent or unskilled manner which may contribute to injury to the participants or others, including falling or inability to maintain control over the animal. By participating in this activity, I agree to assume responsibility for those risks, and I release and agree to hold harmless, Colorado Equestrian Partners, LLC., its Partners, THE Colorado Horse Park, its Board of ctors, event organizer, management, staff, trainers, boarders, and students or anyone associated with the facility, liable for any injuries to me or my horse.

Warning: Under Colorado Law, an equestrian professional is not liable for an injury to, or death of a participant in equine activities, pursuant to section 13-21-130 Colorado Revised statutes.

Name: _____ Signature: _____

Relationship to Minor: _____ Date (MM/DD/YYYY): _____
(If participant is under 18 years of age, parent or legal guardian must sign this release)

Please Return to:
Vivien VanBuren (303) 883 6560; Vvanburen@coloradohorsepark.com
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