



THE COLORADO HORSE PARK

Ride & Learn Series Presents...

Peter Gray Eventing Clinic

Saturday, July 29 and Sunday, July 30, 2017

Peter Gray is a world-renowned trainer, rider, judge and popular clinician in Eventing, Dressage and Equitation. Gray was the former National Eventing Coach for Canada from 1996 to 2000, and has since coached National Teams from Venezuela and Guatemala. Gray has competed at international events in Europe and North America including three Olympic Games, World Championships and is a Pan Am individual bronze medalist. Gray also competes on the winter circuit in hunter and jumpers and was long listed with the Canadian National Dressage team in 2010. His experience as a competitor has seated him on many committees including the F.E.I. 3-day Event Committee, EC High Performance/Safety/Selection/Coaching committees, USEA Professional Rider Council and ICP.

For more information on Peter, please visit <http://wentworthfarm.com>

There is a closing date of July 17, any cancellations before that date will get a full refund minus \$50 office fee. After the closing date, there is no refund, unless there is a letter from a veterinarian or doctor.

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

- Division Training: _____
- Division Showing: _____

Clinic:

- Both Days \$340
- One Day \$180
- Saturday _____
- Sunday _____

Haul In/Stabling:

- Number of Horses _____
- No. of Nights _____
- Stabling (per horse, per night) \$35 _____
- Haul-In (per day, if not stabling) \$15 _____

Other Packages:

- Auditing (Per Day, includes lunch) \$50 _____
- Reception Dinner \$50 _____ \$30 (Under 21) _____
- Riders in Clinic \$15.00
 - Reception after Day One of the Clinic on: **Saturday, July 29, 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: _____

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 eventing 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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