



THE COLORADO HORSE PARK

Ride & Learn Series

presents

JOANNE COY WESTERN DRESSAGE CLINIC

Monday, May 28, 2018

ABOUT JOANNE COY: Lifelong horsewoman Joanne Coy is on the board of both Glass-Ed (a group member organization of USDF) and Western Dressage Association of Michigan, and recently co-taught the Group Apprentice Judging Program at the Western Dressage World Show in Oklahoma. Coy is a USDF Bronze Medalist, L Graduate with USDF (English Dressage judge for schooling shows), and USEF Western Dressage "R" judge.

Coy's other horse endeavors have included endurance and competitive trail riding, harness racing, racing harness horses under saddle, competitive mounted orienteering, Western and English pleasure, natural horsemanship training, trick training, and showing English and Western Dressage. As a clinician, Coy's main priority is to help riders and horses achieve balance and harmony with each other in order to create a partnership that will enhance both the rider's and the horse's life.

SESSIONS:

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

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Intro | <input type="checkbox"/> Basic | <input type="checkbox"/> Level 1 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3 | <input type="checkbox"/> Level 4 |

CLINIC:

- Day (ONLY) \$110, includes Lunch

HAUL IN/STABLING (if applicable):

- Number of Horses ___
- Number of Nights ___
- Stabling (per horse, per night) \$35 ___
- Haul-In (per day, if not stabling) \$15 ___

OTHER PACKAGES (if applicable):

- Auditing (per say) \$40 ___



Ride & Learn Series

PAYMENT FORM

Name _____

Horse(s) Name _____

Address _____ City/St/Zip: _____

Cell Phone _____ Alternate Phone _____

Email _____

Trainer's Name/Barn Name _____

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 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. **CLOSING DATE IS MAY 16, 2018.**

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 directors, event organizer, management, staff, trainers, borders, 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:

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