



# Australian Horsemanship

## Clinic Booking Form

Please complete the below form and return it together with your clinic fee, CHEQUES PAYABLE TO: Capricorn Equestrian

**Clinic Date:**

**Clinic Name:**

**Participant Name:**

**Telephone Number:**

**Next of Kin Number:**

**Address:**

**Post Code:**

**E-mail Address:**

**How did you hear about the clinic?**

**Have you got any medical conditions that we should be aware of?**

**What would you like to achieve on this clinic?**

**Please note: If you fail to attend the clinic and give less than 5 working days notice then we will only refund 50% of the clinic fee.**

Disclaimer: Capricorn Equestrian will always do everything in our power to ensure that you can train safely, however handling and riding horses is a dangerous activity and we accept no responsibility for accidents that may occur on our premises while riding and handling horses. We strongly recommend that you have adequate insurance cover. Please sign to accept that you know you are riding and handling horses entirely at your own risk while at the centre.

**Signature:**

**Date:**

**Print Name:**

Please return your form and cheque to Caroline Ashby, Capricorn equestrian, c/o Capricorn Farm, Crockenhill Lane, Eynsford, Kent DA4 0JL