

***Reach Out to Holistic Horsemanship™  
Comprehensive 3-part Training Program 2010***

***APPLICATION FORM***

**ATTENDEES ENROLLMENT INFORMATION**

Initial registration and payments can be made by calling or e-mailing the Reach Out to Horses® office. Those wishing to bring their own horse must send in the attached application form, which must meet the requirements listed below. Upon submitting your application, please include a *passport size photo* of yourself. We look forward to you joining our team.

Thank You!

***Please Print and Fill out the Form below.***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list your horsemanship experience:

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List your Natural Horsemanship knowledge:

DVDs \_\_\_\_\_ Books: \_\_\_\_\_

Demonstrations: \_\_\_\_\_ Lectures: \_\_\_\_\_

Classes: \_\_\_\_\_ Courses: \_\_\_\_\_

Additional: \_\_\_\_\_

Name any non-horse related experiences that you feel will assist you in these methods (optional):

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## HORSE ENROLLMENT INFORMATION

We encourage you to participate in the course fully by handling a wide variety of horses offered during the course and not just your own. If you wish to bring a horse to class, please provide the following information:

Arrival Date: \_\_\_\_\_ Name of Horse: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Date of Flu/Rhino Inoculation: \_\_\_\_\_

Stabling Requirements: \_\_\_\_\_

Feeding Requirements: \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

Reason for attendance: \_\_\_\_\_

Problem solving issues (if applicable): \_\_\_\_\_

Horse's Discipline & knowledge: \_\_\_\_\_

\_\_\_\_\_

### Horses participating in the clinics must meet the listed requirements below:

- Minimum age is 2 years old (24 months)
- Halter broken
- Sound with hooves in good condition
- Free of injury or disease and have normal vision in both eyes
- Current Inoculations: Negative Coggins (*within 6 months*) required if coming from out of state and negative vesicular stomatitis statement from veterinarian if coming from Arizona, New Mexico, or Texas.

The communication system is beneficial to any horse, but due to the nature of the clinics and classes and for the safety of all participants, we retain the right to refuse participation of a particular horse in any clinic at any time when they are deemed unfit, unsuitable or dangerous. Owners of horses that have been refused participation will not be reimbursed – it is their responsibility to attend with a suitable horse. Only pre-approved horses will be used.

## **PAYMENT**

To reserve your space, full payment of enrollment fee is required. If enrolling with a horse, you must mail or fax your application. If not bringing a horse, you may register for a clinic by calling the office directly or by mailing an application. Upon receipt of payment, space for the requested class dates will be reserved pending availability. Please enclose a check (US funds only) for your enrollment fee. Make checks payable to Anna Twinney. Please write the date of the clinic(s) you are attending on the check.

## **REFUND & CANCELLATION POLICY**

- 1. Each student who wants to enroll in a class must make a non-refundable deposit of 50% of the total enrollment tuition to reserve a space in the class. The student's deposit will be applied against the balance due (which is due no later than one month before the class)*
- 2. If a student fails to attend a class for any reason, the student will not be entitled to any refund. However, any amounts paid by such student will be applied against the full price total enrollment fee for the next scheduled class if the student desires to attend such a class. The student has the calendar year to use the credit.*
- 3. The class will be confirmed 21 days prior to the scheduled date. Reach Out to Horses® reserves the right to cancel the class at any time – all fees will be returned in full to the attendee.*

**Once completed, please e-mail your application to:**

**[info@reachouttohorses.com](mailto:info@reachouttohorses.com)**

**Reach Out to Horses**

**PO Box 17177**

**Golden, CO 80402**

**Tel: (303) 567 0186**

**[www.reachouttohorses.com](http://www.reachouttohorses.com)**

**HORSE OWNER  
RELEASE AND INDEMNIFICATION AGREEMENT**

**Name of Horse Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name(s) of Horse(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I understand that Crawford Hall's Equine Connection LLC, the Reach Out to Horses® Program and Anna Twinney and their respective directors, officers, agents, successors and assigned (collectively, the "Trainers") will be performing horse training demonstrations with previously untrained horses. I have read the "Criteria for selecting demonstration horses" and I represent and warrant that the horse(s) named above meet(s) the criteria set forth therein and that I am the lawful owner of such horse(s). I desire that the Trainers use my horse(s) in the demonstrations on the terms and conditions of this agreement. I understand that the Trainers may, but have no obligation to, use my horse(s).

I represent and warrant that, with respect to each of my horses, I currently maintain occurrence basis general liability insurance of \$ \_\_\_\_\_ per occurrence for any death, injury or damages caused by, or related to, such horse. I agree to maintain such insurance through the dates of the demonstrations and to name the Trainers as additional named insured parties on all such insurance policies.

I relinquish, and release and discharge the Trainers from, any and all rights, claims, and actions that I now have or that I may have in the future against any of them relating in any way to my horse (s) or the demonstrations. I hereby waive the application of any law that states that a general release does not extend to claims that the releasing party does not know or suspect to exist in his favor at the time of executing the release. I understand that the consequence of such waiver is that I will not be able to make any claim against any of the Trainers for damages I may suffer that relate in any way to my horse(s) or the demonstrations.

I agree to indemnify, defend, and hold the Trainers harmless from and against any and all losses, claims, damages, costs, expenses (including attorneys' fees and costs) and other liabilities incurred by any of them relating in any way to my horse (s). I grant to the Trainers the right to use images (digital, photographic and any other kind) of my horse (s) in any manner any of them desires and without the payment of any compensation.

In any action or other proceeding relating to the demonstrations or this agreement, the prevailing party shall be awarded reasonable attorney fees, together with any costs and expenses, to resolve the dispute and to enforce the final judgment. Whenever possible, each provision of this agreement shall be interpreted in a manner as to be effective and valid under applicable law, but if any provision of this agreement shall be prohibited by or invalid under applicable law, such provision shall be ineffective to the extent of such prohibition or invalidity without invalidating the remainder of such provision or the remaining provisions of this agreement. This agreement shall be binding upon my executors, heirs and assigns. No provision of this agreement may be amended, modified, supplemented, changed, waived, discharged or terminated unless one of the parties constituting the Trainers consent thereto in writing.

In consideration for my horse(s) being used in, or being considered for use in, the demonstrations, I agree to the terms and conditions of this agreement. I acknowledge that I have read this agreement and understand its contents.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARTICIPANT  
RELEASE AND INDEMNIFICATION AGREEMENT**

**Name of Participant** : \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that interacting with horses and/or related equipment (the "Activities") are inherently dangerous activities that may result in damage to my property, bodily injury to me, and/or my death. I knowingly assume all risks (whether known or unknown, foreseeable or unforeseeable, or patent or latent) of participating in the Activities.

I relinquish, and release and discharge Crawford Hall's Equine Connection LLC, the Reach Out to Horses® Program & Anna Twinney and their respective directors, officers, agents, successors and assigned (collectively, the "Trainers") from, any and all rights, claims, and actions that I now have or that I may have in the future against any of them relating in any way to my participating in the Activities. I hereby waive the application of any law that states that a general release does not extend to claims that the releasing party does not know or suspect to exist in his favor at the time of executing the release. I understand that the consequence of such waiver is that I will not be able to make any claim against any of the Trainers for damages I may suffer that relate in any way to my horse(s) or the demonstrations.

I agree to indemnify, defend, and hold the Trainers harmless from and against any and all losses, claims, damages, costs, expenses (including attorneys' fees and costs) and other liabilities incurred by any of them relating in any way to my horse (s). I grant to the Trainers the right to use images (digital, photographic and any other kind) of my horse (s) in any manner any of them desires and without the payment of any compensation.

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In consideration for my horse(s) being used in, or being considered for use in, the demonstrations, I agree to the terms and conditions of this agreement. I acknowledge that I have read this agreement and understand its contents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_