



SESHA CLINIC ENTRY FORM

FILL OUT ONE FORM FOR EACH HORSE/RIDER COMBINATION

LOCATION _____
DATE _____
FEE _____
DEADLINE _____

RIDER _____
ADDRESS _____
PHONE _____
EMAIL _____

CLINIC FEE: _____
ADDITIONAL FEES (Optional)
STALLS : # of Stalls ____ x # of Nights ____ @ 25.00 ea _____
SHAVINGS: # of Shavings _____ @ 8.00 ea _____
HOOK UPS: # of Nights _____ @ 25.00 ea _____
TOTAL _____

I AGREE BY SIGNING THIS ENTRY FORM THAT I AM RESPONSIBLE FOR THE CLINIC FEES AND ANY OPTIONAL FEES SUCH AS STALLS, SHAVINGS, AND RV HOOK-UPS AS LISTED ABOVE WHETHER OR NOT I ATTEND THE CLINIC EXCEPT FOR THE FOLLOWING CONDITIONS: IF SESHA IS NOTIFIED A MINIMUM OF 48 HRS PRIOR TO THE EVENT AND THE SLOT CAN BE FILLED FROM A WAITING LIST. OTHERWISE, THE FEES ARE DUE AND PAYABLE TO SOUTHEAST STOCK HORSE WITHIN 10 DAYS. FAILURE TO PAY WILL RESULT IN DISCIPLINARY ACTION AND/OR DENIAL OF PARTICIPATING IN FUTURE SESHA EVENTS.

BY MY SIGNATURE BELOW, I HEREBY ACKNOWLEDGE THAT I UNDERSTAND THE RISKS INVOLVED IN RIDING HORSES AND/OR COW WORK AND VOLUNTARILY ASSUME THOSE RISKS. I AGREE THAT I WILL NOT HOLD SOUTHEAST STOCK HORSE, SOUTHERN CROSS RANCH, BAKER AREA RECREATION ASSOCIATION, HARRISON COUNTY FAIRGROUNDS, NOR ANY OF THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, OR PARTICIPANTS LIABLE FOR ANY INJURY OR PROPERTY DAMAGE ARISING OUT OF OR CAUSED BY THE SHOWS HELD AT THESE LOCATIONS SPONSORED BY SOUTHEAST STOCK HORSE LLC. I ALSO AGREE TO THE RESPECTIVE STATE'S EQUINE ACTIVITIES LIABILITY PROTECTION ACTS. I HAVE READ THIS RELEASE AND UNDERSTAND IT'S TERMS.

PARTICIPANTS SIGNATURE _____
(PARENT OR LEGAL GUARDIAN, IF PARTICIPANT IS BETWEEN 8 & 18 YEARS OLD)

PLEASE RETURN SIGNED FORM BY DEADLINE TO SOUTHEAST STOCK HORSE at sestockhorse@gmail.com or by mail:
11026 SALEM CHURCH ROAD, ANDALUSIA, AL 36420

www.stock-horse.com



Southeast Stock Horse LLC

DICKEY MARAMAN—850-685-9054

sestockhorse@gmail.com