

Steve Kutie Ranch Riding Clinic

Hosted by The Baroque Horse of the Midwest

August 3-4, 2024, Walworth County Fairgrounds, Elkhorn, WI

All entries must be complete and must include correct fees. Current proof of negative Coggins is required – no exceptions! One entry form per participant, please. **NO REFUNDS** will be issued once participant has committed to fill a slot. Slots will be secured only after full payment is received.

Check One:

___ Slot for Saturday & Sunday (\$650)

___ Slot for Saturday Only (\$350) ___ Slot for Sunday Only (\$350)

Make All Checks Payable to:

Baroque Horse of the Midwest

Mail Entry Form to:

Baroque Horse of the Midwest
8846 West County Rd. M
Edgerton, WI 53534

OR Email Entry Form to:

Hndsnhves2@aol.com

Total Clinic Entry Fees: _____

Stalls **\$100** (For 3 Days – Fri thru Sun) *OR*
\$35 (Per Day) _____

Shavings (**\$9** Per Bag): _____

Camper - **\$50** (Per Night): _____

Tent Camping - **\$30** (Per Night): _____

Credit Card Fee **3.5%**: _____

TOTAL FEES DUE: _____

To Pay by Credit Card:

Credit Card Number: _____ Expiration Date: _____

3 Digit Security Code: _____ Name on Card _____

Rider Name: _____ DOB _____

Address: _____

Phone: _____ E-Mail: _____

Staying At: _____ Emergency Contact # _____

Please read carefully before signing:

I agree in consideration for my participation in this event to the following:

I agree to Hold Harmless and Release The Baroque Horse of the Midwest, Inc. , including officials, officers, Show Management, Show Staff and volunteers as well as The Walworth County Fairgrounds and anyone else affiliated with the organization from all claims for money damages or otherwise for any harm to me or my horse and for any harm of any nature cause by me or my horse.

I agree that I choose to participate voluntarily in the clinic with my horse, as a rider, handler, owner, agent, and I acknowledge that horse sports involve inherent dangerous risks of accident, loss and serious bodily injury or death.

I Agree to Assume All Risks to me or my horse. I Agree to pay any loss or damages or costs incurred by me or my horse. All Minors participating must have a Parent or Guardian Sign this form.

Signature: _____ Date: _____

Circle One: Owner/Exhibitor/Parent or Guardian (if Exhibitor is 18 years or under)