



Tommy Garland's 3-day **CPR** Horsemanship clinics will cover his nationally recognized approach to horse training. You will build **C**onfidence in both yourself and your horse, understand the need for **P**atience and start gaining **R**espect from your horse both on the ground and under saddle. The depth of knowledge and documented success of Tommy's horse training techniques is unparalleled by other clinicians.

As a participant, you and your horse will be personally evaluated by Tommy to assess your skills, establish your goals and begin your progress toward a better relationship and improved horsemanship skills. As an audience Auditor you will see first hand Tommy's techniques in action and watch riders just like yourself greatly improve their horsemanship skills in just three short days. The results will amaze you! Plus, you can take advantage of Clinic-Only discounts on DVD's, training equipment, and Tommy Garland exclusive products.

Clinic space is limited to 15 Rider/Horse Participants. The first 15 participants to send in a registration form and deposit will be taken. A waiting list will be comprised of all additional registration forms with deposits held until date of scheduled clinic. If there is a cancellation of one of the 15 participant spots we will contact the names on the waiting list.

Clinic Hours are 9:00 am - 5:00 pm each day with Check-in to take place at 8:30 in the morning of the first day of the clinic. Please be prepared begin groundwork at 9:00 each morning of the clinic. Each participant will be required to bring with them, a halter, lead rope, saddle and bridle for their horse. Please refer to Terms and Conditions listed below for further participant requirements.

The cost to attend as part of the audience (auditor) is \$35 per day pre-paid (For a Limited time). Tickets are available for purchase through the Tommy Garland Horsemanship office and web site. Tickets are non-refundable but may be transferable. Clinic observers **ARE NOT** allowed to bring horses to the event. Only registered participants and their registered horses are allowed at the facility during the 3 day duration of the event, including before and after clinic hours.

Dates of Scheduled Clinics

September 25-28, 2009	Garland Farm	Powhatan, VA
November 6-8, 2009	Clearview Farm	Shelbyville, TN

Tommy Garland CPR Horsemanship Clinic Terms and Conditions

1. Tommy Garland Enterprises, LLC is not responsible for any accident that may occur to any horse, exhibitor or equipment present at this event. Participants over 18 years old as a condition for entry into this event must sign all entry blanks and required release forms. If under 18 years of age, parent/guardian must sign.
2. 50% of all fees are due with registration form. A \$20.00 service will be charged on all returned checks. Balance is due within 30 days of the event. Transfers of paid deposits are allowed to unregistered participants.
3. Due to limited space in the clinics, sign-up will be on a first come bases. A full refund will only be made if a clinic is filled. Your name will be put on a waiting list. Otherwise rule #4 applies to refunds.
4. Refunds for withdrawal will only be given with prior notice of the event as a result of a horse's illness or injury or a rider's illness or injury. A written notice from a veterinarian or doctor is required to receive the refund. Refunds will not be given for no-shows or cancellations.
5. Clinics are open to horses, ponies and mules. No stallions. Riders must be 14 years or older (unless approved by TGE). Must be able to walk, trot and canter horse. No unbroke horses allowed.
6. We reserve the right to refuse an entry at any time due to disrespect of rules, intoxication, unsoundness, rough treatment of horses, or any reason officials deem reasonable.
7. Handler(s) is/are responsible for care, feed & water of horses entered in the Tommy Garland CPR Horsemanship Clinic.
8. Out of state horses are required have a current negative coggins and health papers.
9. No drugs allowed without veterinarian approval.
10. No dogs allowed.
11. No alcohol allowed on grounds.
12. Stalls will be provided (for a fee) by the host facility. Entrants will receive information regarding stalls directly from the event host.
13. If you are auditing the clinic, please fill out the registration form and mark Auditor and the number of days you will be attending. Total amount is due at time of registration.

Tommy Garland CPR Horsemanship Clinic Registration Form:

Clinic Date and Location: _____

Rider Information

Name _____

Address _____

Phone H: _____ C: _____

Email _____

Under 18? Y N (if yes give age) _____

If yes: _____
Parent or Guardian Signature

Horse Information

Name _____

Breed _____

Age _____

Mare _____ Geld _____

Please note: One form required for each **rider/horse** combination. Please fill out an additional Registration Form for each horse used and send all forms together. **Every participant MUST have a signed waiver (below).**

All Rules can be found at:

www.tommygarland.com

***If you cannot access rules, please call (804) 241-7923.**

Release of liability waiver: My signature as a participant in the Tommy Garland CPR Horsemanship Clinic, which is an instructional equine activity held at _____, do hereby acknowledge that such participation presents risks, some of which are unknown. I understand that horses can be unpredictable and dangerous at times. I agree to assume all risks associated with my participation with this event. I do, on behalf of myself and any persons whom may have an interest in my well-being or property, hereby release and forever discharge Tommy Garland Enterprises, all of their agents and employees, and _____ from any and all real or possible claims for damages or other harm to persons or property, regardless of the manner by which any such claim may be brought. I accept the terms of this complete and total release and agree to be bound by it of my own free will.

MY APPROVAL OF THIS RELEASE MEANS THAT I CANNOT LATER BRING A CLAIM FOR DAMAGES AGAINST TOMMY GARLAND ENTERPRISES, _____ OR THEIR AGENTS.

Regarding rules and photos: The undersigned states that they have read the **Rules and Regulations for each event** that he/she has entered, read **Terms & Conditions** and that they are aware that photographs may be taken of their performance(s) and used for advertising purposes.

Regarding riding helmets: Participants under the age of 18 are required to wear a helmet while participating in any riding portions of the clinic. The undersigned states that they have been advised to wear a helmet but if they choose to not wear one, they are taking sole responsibility for their actions.

Signature (if under 18 parent/guardian) _____

Date _____

Rider/Horse Participation: \$1000
(50% due with registration form,
balance due 30 days prior to scheduled event).

\$ _____

Total from other forms
(extra horse or horses).

\$ _____

Auditor: \$35 x _____
(number of days)

\$ _____

TOTAL AMOUNT DUE:

\$ _____

Please make checks payable to **Tommy Garland Enterprises, LLC**

Mail to: Tommy Garland Enterprises
915 Dorset Rd
Powhatan, VA 23139