

**APPLICATION**  
Winter Training Program with  
**ERIC HORGAN**

 Winter 2010 

<b>Name</b> _____
<b>Mailing Address</b> _____
<b>Town</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Home Telephone</b> _____ <b>cell phone</b> _____
<b>E-mail Address</b> _____
<b>How do you prefer to be contacted, i.e. USPO or email</b> _____

<b>Health insurance carrier</b> _____
<b>Group/Policy Number</b> _____
<b>Emergency Contact in case of accident</b> _____ <b>phone</b> _____
<b>Do you have any health issues or past injuries we should be aware of, i.e. asthma, diabetes, neck/back injury?</b> _____
_____

Please describe your riding background, including your level of instruction, and any competition history with the horse(s) you are riding.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Horse(s) you will be riding as part of the instructional program:

1. Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Level of Training \_\_\_\_\_

2. Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Level of Training \_\_\_\_\_

If you are bringing other horses that will not be in the program, please list them on the reverse side of this page.

We ride 5 days a week during the training program. Does your horse(s) have any health or soundness concerns that might make this difficult for him? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Training Session Requested (See Information Sheet). If you plan to have more than one horse in the program, please identify the session for each horse separately. \_\_\_\_\_

The instructional program is goal-oriented, with the aim being to help you achieve the goals you establish for you and your horse. Please state the riding/training goal(s) you wish to accomplish during the program. The more specific you can be, the better, as it will help in our preparation. Again, if you are riding more than one horse, please list your goal(s) for each horse separately.

Please list any specific training issues that might need to be addressed in order for you to meet your goal(s).

What, if any, competition plans do you have while in Aiken? Please give the dates. \_\_\_\_\_

Have you scheduled any outside activities that might have an impact on your training schedule? If yes, what are they? \_\_\_\_\_

Please feel free to use the back of this sheet to give any additional information about you or your horse(s) that will make the instructional sessions more productive for you.

\*\*\*\*\*

I understand that horseback riding is a high-risk activity. I am participating at my own risk. I hereby release and hold harmless Eric D. Horgan, and any Organizers, Volunteers, or Property Owners from all liability for any accidents, damage, injury or illness to horses, owners, riders, employees, attendants, spectators or to any other person or property suffered during, or in connection with, this instructional program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

After completing the application and signing the release, please mail with your deposit of \$250 per horse to:

Carol B. Lenna  
323 Hopeland Farm Dr.  
Aiken, SC 29803

All checks are to be made out to Eric D. Horgan.