

# FREE Youth Reined Cow Horse Clinic



June 29/30, 2024 - JL Arena  
10801 E Highway 82, Whitesboro, TX

Top **NRCHA** Professionals are ready to share their knowledge of the exciting sport of Reined Cow Horse with the youth (18 & under)

**Clinicians:** TBA



Reservation forms must be received by June 1st, 2024 -limited to first 60 participants For more information & forms go to: <http://srcha.org>

Complete and return your clinic reservation form to Jackie at [jcline7@gmail.com](mailto:jcline7@gmail.com)

If you have any questions, call Jackie at 405-509-1419



**Waiver and Release of Liability:**

Registrant acknowledges that riding and showing reined cow horses are inherently dangerous activities that expose the participant to a substantial risk of serious property damage, personal injury, or death. In consideration for the right to participate in such activities, or any other activity that the registrant may participate in at the NRCHyA clinic, registrant assumes the risk of injury or death of participating in those activities and hereby releases National Reined Cow Horse Association (“NRCHA”) and its employees, representatives, and all other agents associated with NRCHA from liability for any personal injury, property damage, or death that occurs from those activities. Registrant further agrees to release and hold harmless NRCHA, its employees, representatives, agents, and anyone else working at the event who through negligence or carelessness otherwise might be liable in damages to registrant. This release and waiver of liability shall binding on Registrants heirs, representatives, dependents, and successors in interest. I agree as a condition of in consideration of acceptance of entry the National Reined Cow Horse Association may use or assign photographs, videos, audios, cablecasts or other likeness of me and my horse taken during the course of the clinic for the promotion, coverage or benefit of the competition, sport or the NRCHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way to jeopardize Non Pro/Amateur/Youth status. I hereby expressly and irrevocably waive and release rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity or misappropriation. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am the parent or legal guardian of the participant named below, and that I have read and fully understand the foregoing terms.

Youth Name Printed: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

NAME \_\_\_\_\_

Based on the information below, please mark rating based on your experience from 1 – 6 please. This is just to help us to get you in a group as close to your level as possible.

Place group # in box:

**Group 1:**

Beginner Rider

**Group 2:**

Horse has never worked cattle/green rider

**Group 3:**

Horse has worked cattle/rider has not, but rides well

**Group 4:**

Boxing and shown (Do not want to go down the fence)

**Group 5:**

Have worked cows and wants to go down the fence (has not been down the fence yet)

**Group 6:**

Has been down the fence and has shown down the fence

Are BOXING or going down FENCE (Circle one) Must fill out

# 2024 Youth Reined



## Cow Horse Clinic



June 29/30, 2024 Reservation Form

JL Arena

10801 E Highway 82, Whitesboro, TX

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Out of State Horse?** \_\_\_\_\_ **If yes, Please send/bring your horse health documents!**

**Guardian/Parent Name:** \_\_\_\_\_

**Best Contact Phone Number:** \_\_\_\_\_

**Stall Needed?:** \_\_\_\_\_ **Hauling in?:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**How many years have you been riding horses?:** \_\_\_\_\_

**Have you ever competed in Reined Cow Horse? (NRCHA, SHOT, NHSRA):** \_\_\_\_\_

**Have you had prior experience working cattle on horseback?** \_\_\_\_\_

**Have you attended a Reined Cow Horse Clinic Before?** \_\_\_\_\_

**If yes, when/where?** \_\_\_\_\_

**Do you plan to compete in Reined Cow Horse events in the future?** \_\_\_\_\_

*The Clinic is limited to the first 60 participants to sign up. This fills up fast!!*

**In order to participate you MUST:**

Complete and return this clinic reservation form to Jackie at  
[jcline7@gmail.com](mailto:jcline7@gmail.com) or fax # 405-730-8050 by June 1st