

**SAVVY HORSEMANSHIP, LLC  
NATURAL HORSEMANSHIP CLINIC/SCHOOL**

**Instructor  
Larry Hannon, Rough Country Horseman**

**FRIDAY, SATURDAY & SUNDAY  
SEPTEMBER 18, 19 & 20, 2009**

**HOOFS & PAWS RANCH  
13401 FM 32  
FISCHER, TX 78623**

**Participant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_ **Horse's Name:** \_\_\_\_\_

**Coggins Accession #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Lab:** \_\_\_\_\_

By my signature below, I hereby acknowledge that I understand the risks involved in riding horses, and I voluntarily assume those risks. I agree that I will not hold Savvy Horsemanship, Rough Country Horseman, Hoofs and Paws Ranch and/or the clinic management nor any of their agents, officers, directors, employees, volunteers or clinic participants liable for any injury or property damage to me, my horse or my property rising out of or caused by this Savvy Horsemanship clinic/ride held September 18, 19 & 20, 2009. I have read this release and understand its items.

**WARNING**  
**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

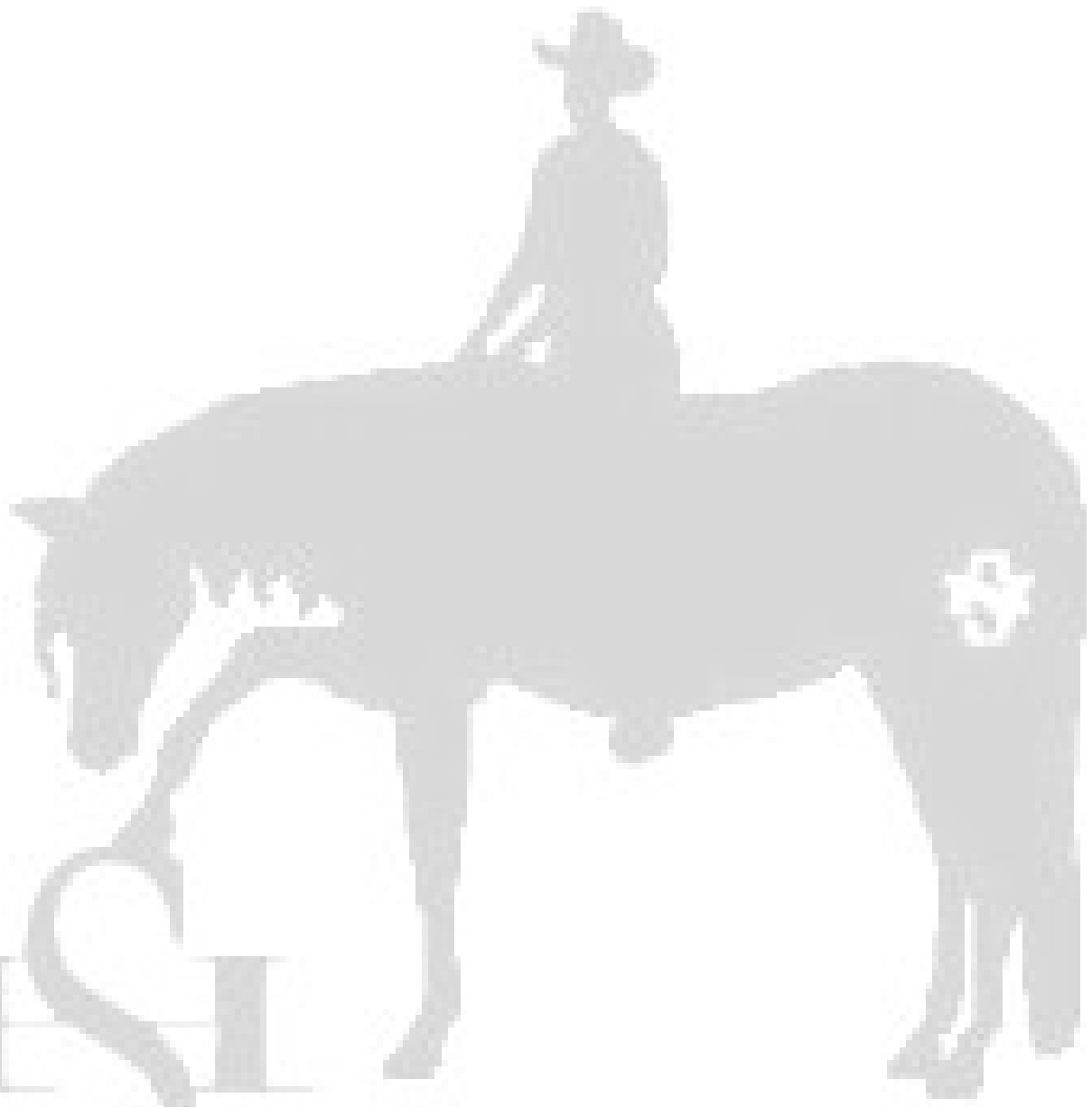
**Parents Signature (if minor)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration Fee: \$250.00 May be paid in full or a Non-Refundable Deposit of \$100.00 Due Friday 8/21/09, with balance due no later than Thursday 9/3/09.**

**"NO REFUNDS"**

**Checks Payable To: Rough Country Horseman, or you may go to [www.savvyhorsemanship.com](http://www.savvyhorsemanship.com) to pay via credit card.**

**Contact: Sharon Murphey, Hoofs & Paws Ranch  
13401 FM 32  
Fischer, TX 78623  
(512)633-8242  
E-mail: [murpheyst@aol.com](mailto:murpheyst@aol.com)**



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