

Obstacle Challenge Clinic & Practice Challenge

Cottonwood Creek Equestrian Center

Contact: Gail Bloxham, CCEC at (530) 347-0212 or cottonwoodcreekequest@gmail.com

Make checks payable to: CCEC and mail to: Gail Bloxham, 18550 Evergreen Road, Cottonwood, CA 96022

Name: _____

Horse Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Email address: _____

DATE: March 25, 2023

Clinic Time: 10:00a.m. to 3:00p.m.

LIMITED TO 12 PARTICIPANTS

Bring Your Own Lunch

Judges Clinic Amount	\$	50.00
Stall \$30.00 per day/night		
Arrival Date	\$	
(Hay and bedding not included: please clean your stall or pen area before leaving. Bring water buckets.)		
TOTAL ENCLOSED	\$	

RELEASE

I acknowledge I am attending and/or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless Cottonwood Creek Equestrian Center (CCEC) or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of CCEC or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by CCEC, I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of participation; this is binding upon my executors, heirs and assigns.

() I acknowledge that I have read this Release of Liability, know and understand its contents and the rules and requirements for this event.

() I, undersigned parent or guardian of the above participant in consideration of my minor's attendance/participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for this event. This shall be binding as to damage or injury that my minor, his/her animals or property arising out of his/her attendance/participation in events.

NAME: _____

PHONE# _____

SIGNATURE: _____ DATE: _____

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Obstacle Challenge Program is an excellent measurement of skills & obstacles.
Are you & your horse up for the challenge?

Clinic will cover: What a judge is looking for in an obstacle.

How you are scored and ways to improve your score.

Practice challenge: you will receive a score on each obstacle in the course

Question & Answer session at the end.

Rules, Score Sheets and Scoring Guidelines will be available

9:30a.m. check-in/ late registration ~ 10a.m. Clinic Begins

YOU DO NOT NEED TO BE A CSHA MEMBER TO PARTICIPATE

READ THE RULES: <https://californiastatehorsemen.org/obstacle-challenge/>

No food available on site ~ Overnight Stalls/Pens Available