



**6 DAY HORSEMANSHIP CLINICS  
at the  
TRIANGLE C RANCH  
3737 US HWY 26 DUBOIS, WY 82513**

**JULY 29 - August 3, 2019 (Monday – Saturday)  
AND  
SEPTEMBER 2-7, 2019 (Monday – Saturday)**

**Clinic Hours: \*8 am to 12-noon each day** (\*CAN VARY; after breakfast, before lunch)

**COST: TRIANGLE C RANCH GUESTS: \$1,000.00 per person for 6-day clinic  
COST FOR NON-GUESTS: \$1,000.00 per person for 6-day clinic**

**Clinic Rental Horse: \$600.00 for - 6-day clinic time (includes saddle & tack)  
Personal horses: Stall Fee: \$25.00 per night - one horse per stall  
Pen Fee: \$15.00 per night – one horse per pen  
(limited availability)**

**ACCOMMODATIONS AT THE TRIANGLE C RANCH DURING CLINIC WEEK:**

**\$1950.00 per person (double occupancy)** – This is a 15% discount off regular accommodation price for attending a 6-day clinic - does not include tax & fees @ 18.25%. “All-Inclusive” price includes cabin accommodations for 6 nights, all meals, and ranch activities when not in clinic.

**NON-GUESTS** (clinic participants who are not staying at Triangle C Ranch; e.g.” OFF SITE” PARTICIPANT):

Non-Guests are welcome to trailer in & out each day. You will need to make your own hotel or camping arrangements and overnight stall arrangements for your horse. Sorry, **NO** RV or trailer camping is permitted at the Triangle C Ranch, we are not permitted - no hookups or dry camping.

Initial Here \_\_\_\_\_

## Participant Information

- Please complete and return the two-page Clinic Enrollment Form to be approved for a Chris Cox 6 Day Horsemanship Clinic. This clinic is for INTERMEDIATE to ADVANCED RIDERS ONLY. *You must be able to walk, trot, and canter on a loose rein.*
- **Age Requirement:** You need to be at least 18 years old as of date of clinic. If you are under 18, please have a parent or guardian call the office at 307-455-2225 for consideration.
- **Bring your own horse to the clinic or lease a ranch clinic horse. NO Green Broke horses, NO 2 or 3-year old's, or stallions are permitted.**
- **Leased Ranch Horse fee: \$500.00 which includes saddle & tack. Reservations for a leased ranch horse are required! Availability is limited!**
- **Clinic Cost: \$1,000.00 - 6-day (half-day) clinic for Triangle C Ranch guests**
- **Clinic Cost for Non-Guests: \$1,000.00 - 6-day (half-day) clinic – trailer in/out each day.**
- **Deposit: 50% down at time of reservation. Balance due 30 days prior to clinic start date.**
- **If a family member or friend is traveling with you, but is not participating in the clinic, they are welcome to be a spectator as an “all-inclusive” activity as a guest. “Offsite” Spectator Fee: \$20.00 per day Lunch: \$20.00 per day for riders and spectators not staying at Triangle C Ranch. Reservations are recommended for off-site spectators!**

### WHAT YOU WILL NEED TO BRING TO THE CLINIC:

- **Rope Halter and 13-foot Lead Rope.** *Note: this and other items are available for sale at the clinic (limited availability.)*
- **Saddle/Pad/Bridle.**
- **Feed/Hay:** *You are responsible for bringing your personal horse's feed and **CERTIFIED HAY** with you to the clinic. You will be responsible for the care of your horse & your stall maintenance! A charge will be applied if left uncleaned.*
- **A Negative Coggins (valid for one year) is required! Out of state horses will require a Vet Health Certificate (valid for one month). Call 307-455-2225 if any questions!**

Initial \_\_\_\_\_

- **Riding Boots** with flat (preferably leather) soles and proper riding heels are required. Riding will not be permitted without a heeled cowboy boot. We suggest you bring a rain slicker as well as hat, gloves & jacket, sunscreen, and sunglasses.
- Helmets are not required – however, if you normally ride with a helmet, you will need to bring your own helmet from home.
- **Absolutely NO videotaping** is permitted during any part of the clinic. This includes the use of any type of recording device, **including cell phones**. You will be asked to leave if found to be doing so.
- Still photos **are** allowed.
- Follow driveway to lower area (**left** at split in drive.) See “**trailer parking**” signs and park. Check in with nearby staff upon your arrival, *before* you unload your horse.
- An Orientation Meeting will be held after dinner on Sunday, for guests of the ranch.
- **At 8:00 am on the first day of the clinic, Chris requests that you are in the dining area of the lodge for an Orientation Meeting. Please be on time!**

## Clinic Overview

***This clinic is for INTERMEDIATE to ADVANCED RIDERS only!***

Intermediate Rider is as follows:

- You are a secure and confident rider; you also enjoy riding for several hours at a time. We recommend that you bring a horse that you are comfortable riding at a walk, trot and canter on a loose rein. Leased ranch horses will be available on a limited basis.
- At times, you may be riding outside the arena and on the trail, so you need to be comfortable riding in these situations.
- This is a group clinic and your horse needs to be reasonably manageable. Chris and his instructors will not be able to take extended time away from the clinic to address a separate issue. Individual assistance will be given, as needed, and up to a certain amount, without interfering with the progression of the group.
- ***Note: Green broke horses are not suitable for this type of clinic (3 years and younger). No stallions are permitted.***

The number of participants will be limited so each rider can expect to get individual feedback from Chris throughout the clinic, as well as benefit from the feedback he will give others.

The 6 Day Clinic is progressive, the knowledge learned will build each day, the techniques and methods taught are fundamentals of Chris Cox's program, they are practical and effective that you can use every day to communicate with your horse.

Initial \_\_\_\_\_

- You will learn how the horse thinks and why.
- Learn to communicate effectively in ways the horse understands and respects.
- Master the unique ground work that is essential and is the foundation of the program (limited amount).
- Learn rein management, correct seat, and leg positions.
- Master collection, lead changes, stops, turnarounds and much more.
- Chris will scrutinize the horses in the clinic; assessing their individual personalities in order to use his insights to help clinic participants better understand their horses.

Sharing his vast knowledge and experience, Chris will make it possible for clinic participants to move toward a more harmonious partnership with their horses.

To get a head start, it is recommended to view Chris' DVD, Ground Work in Preparation for Riding, and begin working with your horse on groundwork. This DVD can be purchased on our website at [www.chris-cox.com](http://www.chris-cox.com)

There is a great deal of information condensed into the six days of the clinic and can be demanding on both the participant and the horse. Come prepared and ready to learn with an open mind. Please inform us about any physical problems or disabilities that will hinder you and/or your horses' ability, **prior** to attending the clinic.

#### **General Clinic Rules:**

- **NO SMOKING -- SMOKING IS NOT PERMITTED** on the ranch/facility grounds or in your vehicle.
- **NO DOGS OR PETS are allowed at the clinic or on the ranch** with the exception of a certified service dog (certification papers must be with you). *\*\*Please call the office at 307-455-2225 if you are bringing a service dog to the clinic!*
- **NO ALCOHOL** is permitted during clinic hours! No exceptions! No alcohol consumption is allowed during clinic hours – no drugs or other illegal substances are allowed on the ranch.

#### **REFUND POLICY:**

***Note: All clinic deposits and final payments are non-refundable and non-transferable.***

If for any reason you are unable to attend the clinic, please call the office as soon as possible. You will receive a rollover credit for a future clinic which is valid for one year from the original clinic start date.

**VERY IMPORTANT! All release forms must be signed and in our office prior to your scheduled clinic!**

Initial \_\_\_\_\_

Scan & email to: **info@trianglec.com**

Or, MAIL TO: CHRIS COX HORSEMANSHIP  
5309 W. FM 1885  
MINERAL WELLS, TX 76067  
Attn: Clinic at Triangle C Ranch

**IF YOU HAVE NOT YET DONE SO -----**

**PLEASE SUBMIT YOUR 2 PAGE APPLICATION FORM** You can scan & email it to the office. Please call the office at 307 455-2225 to confirm we have received your enrollment form!

We are excited you have chosen to attend a Chris Cox - 6 Day Horsemanship Clinic! Please feel free to contact us with any questions or concerns! KIM @ **307-455-2225**

\

Initial \_\_\_\_\_



**AGREEMENT BETWEEN CHRIS COX HORSEMANSHIP CO. AND CLINIC PARTICIPANT**

**Please initial each page of the Clinic Information Packet and sign and date this agreement and submit all pages with your release forms.**

I have read and understand the Participant Information associated with attending a Chris Cox Horsemanship Clinic at the TRIANGLE C RANCH – DUBOIS, WY. I understand that my deposit and final payments are **non-refundable and non-transferable**. If for any reason I must cancel my rider participation in this clinic, I agree to notify Chris Cox Horsemanship immediately. I understand that I will be given a “rollover” credit of all monies paid to date to be used towards a future Chris Cox Clinic held within 12 months at no additional charge.

**CLINIC: 6 DAY HORSEMANSHIP CLINICS at the TRIANGLE C RANCH – DUBOIS, WY**

**DATE OF CLINICS: JULY 29 to AUGUST 3, 2019 or SEPTEMBER 2 to 7, 2019**

\_\_\_\_\_  
**Participant’s Signature**

\_\_\_\_\_  
**Print Name**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_  
\_\_\_\_\_  
**Received by Authorized Staff at Chris Cox Horsemanship**

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**CHRIS COX HORSEMANSHIP COMPANY**

**PHOTO/FILM/VIDEO/PERSONAL RELEASE**

This writing signed and executed as of this date of \_\_\_\_\_, 20\_\_\_\_ confirms that the undersigned has agreed to be photographed, filmed and/or videotaped by Chris Cox Horsemanship Company (the "Production Company") and its successors and that the Production Company will own any and all rights in said photography, filming and/or videotaping and the undersigned now waives, as to the Production Company and its successors, assigns and licensees, all personal right and objections to any use to be made of such photography, filming or videotaping of the undersigned, the undersigned's name or the undersigned's personality in connection with the use of the photography, filming or videotaping containing likeness of the undersigned for any and all motion picture, radio and/or television purposes, and performances thereof, accompanied by any narration and dialogue whatsoever, and the publicity in connection therewith, and/or any other trade and advertising purposes. The undersigned hereby represents that the undersigned understands that in proceeding with said photography, filming, or videotaping, the Production Company will do so in full reliance on the foregoing permission.

**Date of Clinic: JULY 29 - AUGUST 3, 2019 or SEPTEMBER 2 - 7, 2019**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

Received by Authorized Staff Employee - Chris Cox Horsemanship Co. \_\_\_\_\_ Date: \_\_\_\_\_



## Participant Waiver

I understand that I am expected to use my assigned stall or pen and shall provide the necessary care to my personal horse(s) including feeding and stall maintenance.

I understand that I am to supply my own feed and CERTIFIED HAY for my personal horse(s).

I understand and agree that I am solely responsible for any loss or injury done to or caused by my personal horse/leased horse or myself and shall hold Chris Cox Horsemanship Company or Triangle C Ranch, harmless from any loss, cost or expense.

Under certain laws, an equine activity sponsor or equine professional is not liable for an injury to, or the death of a participant, in equine activities resulting from the inherent risk of equine activities.

I agree to and understand the instructions and responsibilities assumed by me, and release Chris Cox Horsemanship Company and Triangle C Ranch and Chris Cox, Instructors, staff/employees, volunteers, or ranch helpers from any liability involving my horse, myself, or injury to or caused by other participants.

I understand that rider helmets are recommended but not required and are not provided by Chris Cox Horsemanship Company or Triangle C Ranch. I elect to participate and ride with or without a helmet.

I have read and understand the meaning of this release.

**DATE OF CLINIC: JULY 29 - AUGUST 3, 2019 or SEPTEMBER 3-8, 2019**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Received by Authorized Staff Employee - Chris Cox Horsemanship Co. \_\_\_\_\_ Date: \_\_\_\_\_





**FULL AND FINAL MUTUAL RELEASE**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Chris Cox Horsemanship Company, Inc., and \_\_\_\_\_ ( "Participant") (collectively referred to as "Parties"), hereby release and forever discharge one another and their respective agents, successors, assigns, heirs, executors and administrators of and from all injury, actions, causes of action, damages, claims and demands whatsoever, which they had, now have or which they, their successors, assigns, heirs, executors and administrators or any of them hereafter can, shall or may have against one another for any reason whatsoever, including but not limited to all injury, actions, causes of action, damages, claims and demands arising out of: The voluntary participation of Participant and/or his/her personal horse named \_\_\_\_\_ or a leased ranch horse assigned to Participant, for the purpose of personal instruction and demonstration while attending and/or participating in riding/horsemanship sessions at the TRIANGLE C RANCH – DUBOIS, WY and/or any other properties or facilities where personal instruction and/or clinic activities are being held. For the same consideration, the parties further agree not to make claim or take proceedings against one another or any other person or entity which may claim contribution or indemnity under the provisions of any statute or otherwise.

**DATE OF CLINIC: JULY 29 - AUGUST 3, 2019 or SEPTEMBER 2 – 7, 2019**

**IN WITNESS WHEREOF** the parties hereto have executed this Full and Final Mutual Release

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Participant Signature Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received by Authorized Staff Employee - Chris Cox Horsemanship Co. \_\_\_\_\_ Date: \_\_\_\_\_