



TRIANGLE C RANCH, WYOMING

Clinic Application

Name:	Today's Date:
Address:	Cell Phone: Alternate Phone:
Date of Birth:	Email:
Date of Clinic Requested:	Emergency Contact info:
List CCHA Clinics Previously attended:	Year or Date Previously attended:

1. How would you classify yourself as a rider? (please circle):

Beginner Intermediate Advanced Professional (Trainer)

2. What discipline do you prefer? (please circle):

English Western

3. Do you compete? (please circle): **YES / NO**

If so, please list: _____

4. Do you own a horse? (please circle): **YES / NO**

5. How long have you been riding? _____



6. How often do you ride? _____
7. How old is the horse you are bringing? _____
8. **If you are an "OFFSITE PARTICIPANT", do you need a pen for your horse? YES/NO**
(*you are responsible for feeding/watering/cleaning*)
9. Do you need to lease a Ranch Horse? (please circle): **YES / NO**
10. Can you trot on a loose rein? (please circle): **YES / NO**
11. Can you post at a trot? (please circle): **YES / NO**
12. Can you canter / lope on a loose rein? (please circle): **YES / NO**
13. Are you comfortable doing so outside of an arena? (please circle): **YES / NO**
14. Have you participated in another clinic before? (please circle): **YES / NO**
If yes, when and with whom?

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15. Have you had an accident or traumatic experience with a horse? **YES / NO**
** If yes, please attach a sheet of paper with details
 16. What type of horse are you bringing? (please circle): **Mare / Gelding**
 17. Will you be staying as a guest of TRIANGLE C RANCH? (please circle): **YES / NO**
 18. Will you be staying OFF-SITE? (please circle): **YES / NO**
 19. Do you have any physical or medical conditions? (please circle): **YES / NO**
If yes, please explain:

20. Emergency contact in case of an emergency:

Contact Name: _____

Contact Number: _____

Alternate Contact: _____

Contact Number: _____

21. How did you hear about us?

- a. **Website**
- b. **RFD TV**
- c. **Expo or Demo**



- d. Through Somebody - name? _____
- e. Other _____

Email all forms back to: info@trianglec.com (preferred)

OR mail to:

TCR CLINIC, Chris Cox Horsemanship Co., 5309 W. FM 1885, Mineral Wells, TX 76067

Participant Information.

- You **must** complete & return All Forms.
- You **must** be 18 years of age or over to participate in a CCHC clinic.
- You **must** supply a copy of the negative Coggins Report (all horses) and Health Certificate (out of state horses) to the host facility before you unload your horse.

COST: \$1000.00/per rider - Clinic Participation (guest and off-site attendees)

DEPOSIT:** \$500.00 Deposit is due at the time of your application approval

FINAL PAYMENT: Your final payment is due 30 days prior to your arrival for the clinic.

****NOTE:** *All clinic deposits are non-refundable and non-transferable.*

Clinic hours: 8 am to 12 pm each day, Monday – Saturday.

Saturday is a clinic day! Please do not plan to leave early!

There are NO RV or Trailer camping allowed on the ranch! **Sorry, we are NOT permitted.**

Spectators/Auditors are welcome at a cost of \$20 a day and may not bring horses to the clinic. Check in at office in Lodge prior to going to arena. A waiver must be signed! Lunch is also offered at \$20 each day.

Clinic Info

6-day clinics at the TRIANGLE C RANCH in Wyoming are ALL **HALF-DAY** clinics; for guests, the remaining time after clinic time will include all offered activities, including trail rides, skeet shooting, archery, fishing, hiking, etc.



Offsite participants are invited to leave at the conclusion each day, or after their lunch, if purchased. Thank you!

ITEMS NEEDED FOR CLINIC AND ADDITIONAL INFO:

- Rope Halter & 13-foot Lead Rope *these are available for sale at the clinic.*
- Riding Boots with flat leather (or smooth) soles and proper riding heels are **REQUIRED** (riding will not be permitted without a heeled cowboy/riding boot)
- Brimmed hat (e.g. cowboy hat) that does not fall off at lope/canter.
- **ABSOLUTELY NO** videotaping is permitted during any part of the clinic. This includes the use of *any* type of recording device, *including cell phones*.
- Still photos *are* allowed.
- **NO SMOKING!** **SMOKING is NOT permitted on the ranch!** This includes no smoking in your vehicle, the cabins, barns, porches, decks, etc. If you need a smoke break, please leave the ranch to smoke. We appreciate your cooperation!
- **NO DOGS** are permitted on the ranch unless it is a certified service dog.
You must call the office and let us know if you need to bring your service dog.
- The course requires a horse that you **MUST BE** comfortable riding at a walk, trot and canter on a loose rein, in an arena **AND** on trail too!
- At times, you will be riding outside the arena, so you need to be comfortable riding in these situations. **Note: Green Broke horses are not suitable for this type of clinic.**
- This is a group clinic and your horse must be reasonably manageable! Individual assistance will be given as needed, only up to a certain amount without interfering with the progression of the group session. Please honestly evaluate riding level/skill and that of your horse for fairness to all participants.
- The number of participant spots are limited so each rider can expect to get individual feedback throughout the clinic, as well as benefit from the feedback Chris will give others. Be sure you are a secure and confident rider and you also enjoy riding for several hours at a time. If you are not at this level then we recommend auditing the clinic and/or participating in the "Building Riders Confidence" clinic at the Mineral Wells, Texas ranch.



- If you are leasing a ranch clinic horse – saddle, tack, stall, feed and hay are included. You are responsible for the care and maintenance of your leased horse during clinic. Buckets, shovels, etc. are provided.
- If you are an **OFF-SITE clinic participant**, and not a guest at the ranch, you will need to arrive on **Monday between 7- 8 a.m – the day of the clinic, and meet in the dining room for Orientation.**

The Horsemanship Clinics are progressive. The knowledge and skills learned will build each day, and the techniques and methods taught are fundamentals of Chris Cox's program. These are practical and effective techniques which you can use every day to communicate with your horse.

To be prepared you may want to view Chris's DVD "Groundwork in Preparation for Riding" and "Correct Riding" before attending your horsemanship clinic. This program will assist you with the terminology and what will be expected from Chris and his qualified instructors.

Come prepared and ready to learn with an open mind and plenty of questions to help you and other participants to progress. Please inform us on any physical problems or disabilities that will hinder you and your horses' ability, **prior** to attending the clinic.



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

Please sign and return a copy of this agreement 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 in Dubois, WY. I understand that my deposit and final payment is non-refundable and non-transferable. If I must cancel I agree to notify Chris Cox Horsemanship/Triangle C Ranch as soon as possible. I understand that I will be given a "rollover" credit of all monies paid to be used towards a future Chris Cox Clinic held **within 12 months** at no additional charge. A "rollover fee" of **\$150.00** will be charged if I participate in a clinic more that 12 months from my original clinic paid for.

_____ Date: _____
Participant Signature
Print Name _____

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.



Signature _____ Date: _____
Print Name _____

Participant Waiver

I understand that I am expected to use my assigned stall/pen and shall provide the necessary care to my personal horse(s) or my leased horse(s) and its equipment.

I understand that I am to supply my own feed for my personal horse(s). I have and can provide a Negative Coggins Test for my horse and other applicable health papers required.

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, and its staff, 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 Chris Cox, Instructor, 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. I elect to participate and ride with or without a helmet by choice. I have read and understand the meaning of this release, and hereby agree to its content.

Signature _____ Date _____

Print Name _____