**Centered Riding®   
Autumn Clinic**

**With Anne Currie**

**Centered Riding Instructor Level II**

**Muirfield Riding Therapy  
West Fenton, North Berwick, East Lothian, EH39 5AL, Scotland, UK**

**Friday 20th & Saturday 21st October 2017**

Name……………………………………………………………………………………………………………

Address…………………………………………………………………………………………………………

Phone…………………………………………… Mobile ……………………………………………………

E-mail……………………………………………………………………………………………………………

I would like to reserve a Rider place □

I would like to reserve a Spectator place □

I would like hire a horse □ My height………………………………..

(Cost £10/day) My weight………………………………..

I will bring my own horse □ I will require overnight accommodation □ (Cost £10/day)

(Limited accommodation for visiting horses is available on site)

I will require daytime accommodation only □

I have the following dietary requirements: □ Vegetarian □ Vegan □ Dairy free □ Gluten free

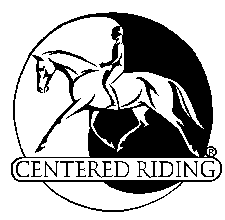
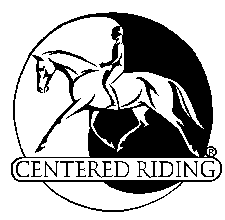
I have the following medical condition/s of which the organisers should be aware………………………………………………………………………………………………………………

**Rider place fee: £140** **Spectator place fee: £90.** Payment in full must accompany this application. Please pay by PayPal to [anne@ac-horsemanship.co.uk](mailto:anne@ac-horsemanship.co.uk), by Bank Transfer to 83-17-39, Account No.00279751, or by cheque made payable to Anne Currie. Other payment options may be available by prior arrangement.

In submitting this application I understand that I am liable to pay the full fee, even if I have to cancel my place, unless my place can be taken by another rider.   
I understand that the Clinic fee includes lunches, tea & coffee, but that it does not include horse hire or accommodation for visiting horses, and that these must be paid direct to Muirfield Riding Therapy before the end of the Clinic.

I accept and understand that riding & handling horses carries an element of risk, and I agree to accept any liability for personal injury arising out of my participation in all aspects of this clinic. I confirm that I will arrange my own Personal Accident Insurance cover if I require it. I also confirm that, if I am bringing my own horse to the clinic, I have appropriate Third Party Public Liability Insurance in place, in addition to any other insurance cover I personally require for my horse. My horse has up to date vaccination for Equine Influenza.

Signed…………………………………………………………….. Date…………………………



For more information about Centered Riding**®** go to www.centeredriding.org.