**Centered Riding® Open Clinic & Instructor Update
Instructor Application**

 **Clinician: Lucile Bump, Senior Centered Riding Instructor Level lV**

**Muirfield Riding Therapy
Gullane, East Lothian. EH39 5AL, Scotland, UK**

**Monday 15th – Thursday 18th October 2018**

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

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

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

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

I would like to reserve a place on the above Instructor Update.

Date of last update…………………………………Venue & Clinician…………………………………

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………………………………………………………………………………………………………………

The cost of the Update is £425. A deposit of £100 is required on application and I understand that I must pay in full by 1st September 2018. I will pay by PayPal to anne@ac-horsemanship.co.uk, by Bank Transfer to 83-17-39, Account No.00142918, 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. Neither deposit nor balance can be refunded unless a substitute rider is found.

I understand that the Update 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 Update.

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…………………………