

## CHRISTIAN COWGIRL RETREATS RIDER PROFILE

We hope to provide you with tools that help achieve your horsemanship advancement goals. Please help us attain a clear understanding of your needs by answering the following questions. Feel free to add more information on a separate sheet or email if desired.

**RIDER NAME:** \_\_\_\_\_

How many years experience have you had with horses? \_\_\_\_\_

What is your riding level on a scale of 1 (beginner) or 5 (advanced)?: \_\_\_\_\_

Breed, age, sex of horse you are bringing: \_\_\_\_\_

Level of training (check all that apply):

**Green Broke**

**Over 4yr/still in snaffle bit**

**Neck Reins**

**Finished/needs "tune-up"**

**Has problems/need re-programmed**

**Trained for Show**

**Other:** \_\_\_\_\_

Competition type: \_\_\_\_\_

Types of riding you are pursuing or would like to pursue (check all that apply):

**Pleasure/Trail**

**Barrels/Gaming**

**Ranch/Cow Work**

**Reining**

**Cutting**

**Other:** \_\_\_\_\_

**Mountain/Packing/Endurance**

**Team Penning/Sorting**

**Roping-type:** \_\_\_\_\_

**English/Dressage/Jumping**

**Show Trail/Mt. Trail/Trail Trials**

**Cowhorse/Ranch Versatility**

Use additional paper for the following questions if needed:

Describe what you feel are you & your horse's strengths & weaknesses as a team:

Describe what you feel are your "problem" areas:

Please list at least 2 specific goals you hope to achieve through this clinic; including horsemanship, fellowship, and spiritual goals:

**~ Make Rider & Audit Payments to: MJ Rising H Ranch – JoLinn Hoover**  
Christian Cowgirl Retreats @ Eastern Slope Ranch, Baker City, OR 97814

Retreat Fee: Includes meals	\$350/ rider	\$
Retreat Audit Fee (no horse): Includes meals	\$150/auditor	\$
<b>Total Retreat Rider Fee Deposit Due:</b>		
50% Retreat Rider Fee Deposit:	\$175.00/rider <b>due 3 weeks prior retreat (non-refundable)</b>	<b>\$175.00</b>
<b>Remainder Retreat Rider/Audit Balance:</b>	\$175.00	\$

<b>Make accommodation checks payable to:</b>	<b>Eastern Slope Ranch</b>	
Stalls outdoor – no shavings supplied	\$15/night x #nights _____ x #horses _____	\$
Stalls indoor – no shavings supplied	\$25/night x #nights _____ x #horses _____	\$
Trailer spot with elect - limited spots	\$15/night x #nights _____	\$
Trailer spot without elect:	\$10/night x #nights _____	\$
Bunkhouse w/bath – sleeps 4 (2 twin, 1 Dbl futon)	\$100/night x # nights _____	\$
<b>Total Retreat Accommodations Due</b>		

# Rising H Horsemanship

"Working Horses that Perform; Performance Horses that Work"

JoLinn Hoover Clinics & Coaching

Rider Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship to Rider: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Are there any Medical Conditions or Allergies we should be aware of?

No  Yes/Please explain: \_\_\_\_\_

Any special dietary considerations? \_\_\_\_\_

### Release/Waiver:

Due to the nature of this activity, in the fact that it involves horses and the unpredictability associated with horses and horse-related activities, and the knowledge which I have undertaken to learn for myself, as well as the information provided, I am aware of the risks, hazards and dangers inherent to participation in any MJ Rising H Ranch school/clinic/retreat at any location. I elect voluntarily to participate in this activity, and its entire agenda of horse-related activities. I hereby personally assume all risks in connection with this activity and I release MJ Rising H Ranch, and other facilities used for the purpose of the school/clinic/retreat, its owners, officers, directors, agents, employees, horse owners and landowners from any liability of any kind or nature for injury or damage which may befall me or my property (including horse(s) and tack) while I am participating in this activity, or while I am at the MJ Rising H Ranch or other facility used for the purposes of this activity, including, but not limited to loss of compensation.

I am also aware that I am held responsible and liable for the actions of any horse that I bring to any MJ Rising H Ranch school/clinic/retreat, and that I am therefore responsible and liable for any damages or injury to private property, etc. caused by this/these horse(s).

Once the school/clinic/retreat is in session, should I decide to withdraw from the agenda for any reason, there will be no refunds.

I understand that photo and/or video of me may be used by MJRHR for publication purposes.

**I understand that MJRHR strongly suggests use of helmets for minors and requires shoes with heels for all riders! I understand I am responsible for signing ALL rules/releases held by the facility of event regardless of rules of MJRHR! I have read and accept the terms above:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature for minor: \_\_\_\_\_

**Contact: JoLinn Hoover 541.519.4995  
jolinn@mjrisinghbranch.com**

**Please send all forms and payments to:  
JoLinn Hoover  
PO Box 833  
Baker City, OR 97814**

**You Will Need to Bring to the Retreat Site:**  
Water Bucket ~ Horse Keeping Items  
People Snacks & Beverages ~ Chairs ~ Note-taking items  
Clothing for the weather (rain, sun, hot, cold)  
Your **BIBLE** Your sense of **HUMOR!**  
We're out to have a **GOOD** time!

