

Doug Tooley Clinic Registration Form

Name: _____

Address: _____

Phone Number: _____ Email: _____

Name of horse: _____

Emergency Contact Information:

Person's Name: _____ Phone Number: _____

Information:

What do you hope to achieve from the clinic? _____

Date of Clinic: May 4, 2025.

Cost: \$150 per horse/handler combination, LIMIT TO 8 RIDERS Each Day. \$50 to audit LIMIT TO 10 AUDITERS Each Day.

Payment DUE 10 Days prior to the event and should be made payable to Doug Tooley and mailed with this application along with negative Coggins. You are also required to sign an Equine Activities Waiver at the clinic.

In the event of an emergency: By signing this form I understand that horseback riding and equestrian related activities can be dangerous. I hereby give permission that I (my child) may be administered first aid by any clinic personnel should the need arise. I also give permission that I (my child) may be transported to a hospital chosen by any clinic personnel, treated by a medical professional, given injections, medication, and/or anesthesia and/or surgery as deemed necessary. I agree to be responsible for any cost that may occur as a result of being treated for any medical condition.

Signature: _____ Date: _____

Mail this form to: Doug Tooley 635 Shawano Ave. Oshkosh, WI 54901.
For more information call: 920-810-7113.

Cancellation of event: Decision to cancel is determined by the number of attendees. In the event the clinic numbers are not met FIVE days prior to clinic a cancelation notice will be posted, and all monies will be returned.