

2023 Three Bulls Indoor Cattle Clinics and Play Days February 11, March 18, April 15 Three Bulls Farm 625 Beech Grove Road, Bulls Gap, TN 37711

Registration

Which date(s)will you be attending?	Feb 11 March 18 April 15	
Name	Address	
City	State and Zip	
Phone	Email	
Horse's Name	Breed and Age	
Mare, Stallion or Gelding		
How much cattle experience, if any, do you and your horse have?		

Stalls or Pens are available. Stalls are \$30 and include bedding. Pens are \$20. Camper Hook-Ups are \$30

Cattle Clinic Fee per horse and rider combination with instruction \$65		
Cattle Play Day (three rounds)	\$45	
Stalls @ \$30		
Pens @ \$20		
Camper Hook Ups @ \$30		
TOTAL		
Balance Due Upon Arrival		

Make Checks Payable to: Three Bulls LLC Or Send PayPal payments to <u>infothreebulls@gmail.com</u> For more information: <u>www.threebullsfarm.com</u> <u>infothreebulls@gmail.com</u> 401-569-6880 (call or text)

Liability Release

Name:	Date of Birth://
Address:	
City Stat	e Zip
Phone(s) E	Email
PHOTO RELEASE:I hereby consen	t to and authorize
I do not consen	t to, nor do I authorize
the use and reproduction of all photographs and other audiovisual Bulls, LLC for promotional printed material, educational activities	-
Date:Signature: If under 18 years of age Parent or Legal Guardian	
LIABILITY RELEASE	ledge the risks and potential for risks of activities involving possible benefits to me are greater than the risk assumed. I

hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Renaissance Farm LLC and Three Bulls Farm, LLC, and it's Owners, Instructors, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this voluntarily and with full knowledge of the effects thereof.

Date: _____Signature: _____

If under 18 years of age Parent or Legal Guardian_____