

# CEDAR RIDGE EQUINE

## Summer Horse Clinics 2026

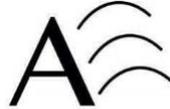
*Thank you for making Cedar Ridge Equine Horse Clinic a part of your summer vacation! We look forward to having you. This year each group will enjoy a number of daily activities including arts and crafts, hands on horsemanship skills, riding and instruction from equine professionals. On the last day of clinic, parents/family/friends are invited to attend our grand finale horse show/rodeo event="Showdeo!"*

### Things to Remember....

- **Camp Location:** 555 Rocky Road, Bozeman, MT. 59718
- **Please drive slowly on Rocky Road.** This is a small private neighborhood and our neighbors appreciate you driving under the posted 15mph speed limit.
- Do not park on Rocky Road, please pull in 1<sup>st</sup> driveway & park in front of indoor arena.
- To reduce traffic carpooling with other participants is highly encouraged, please let us know if you are interested in this, and we can get you in touch with other who are as well.
- Please arrive ½ hour early **on the first day** of clinic to check in and complete any additional paperwork.
  - Arrival Time for **First Day of Clinic is 8:30am, the remainder of the week please arrive at the designated clinic start time of 9am.**
  - \*If you are bringing your own horse please plan on arriving a minimum of **1 hour ahead** of designated time to get your horse unloaded/settled in.
- If bringing your own horse additional paperwork/fees will apply, please complete CRE Horse Boarding Form. All incoming horses must have proof of current negative coggins test and proof of current vaccinations.
- All clinics must be paid for in full amount on first day of clinic & clinic registrations forms completed before camper may participate in clinic!
- All deposits are non-refundable.
- Clinic cancellations must be made within one month of camp date. Deposit will not be refunded; however any other payments made toward tuition will be refunded, if we can find someone to take your spot.
- **Dress Appropriately:** Long pants and close-toed boots with a heel, no laces)
- Clinic t-shirts will be provided, participants should wear their camp shirt on second day (clinic picture day) and for the 'Showdeo.' We will have a Showdeo the 3<sup>rd</sup> clinic day at 11:30am for parents to come and watch their participant/s ride.
- Please bring an equine certified riding helmet, unless you have reserved one with Amy ahead of time. Bike or Ski helmets are not acceptable.
- Apply adequate sunscreen before arrival.
- Bring a labeled water bottle, water to refill bottles will be provided for all clinic sessions
- Please pack snacks, for ½ day clinic sessions. *(Please inform us in advance of any food allergies, medications, etc).*
- Please **pack your own lunch** and snacks and participant is staying for stable hand program.

*If you have any further questions, please contact Amy at 530-263-3433 or email at:  
[cedaridgeequines@gmail.com](mailto:cedaridgeequines@gmail.com)*

**Cedar Ridge Equine Summer Horse Clinic Rules for Participants and Parents/Guardians (please go over these rules with your child prior to arrival)**



- **Please drive slowly on Rocky Road.** This is a small private neighborhood and our neighbors appreciate you driving under the posted 15mph speed limit.
- **No one enters the arena without signing a release of liability form first.**
- **All junior riders must wear a helmet at all times when riding.**
- **Be pleasant and cooperative so that all participants enjoy themselves.**
- **Respect Supervision at all times, always be kind, polite and respectful to instructors and to everyone around you. Failing to comply with this rule can result in a call to parents or even being sent home from clinic or lesson.**
- **Please stay within designated clinic boundaries at all times.**
- **No riding outside of the arenas unless specified by your instructor.**
- **Always put away tools and equipment after using them.**
- **No gum chewing or eating while on your horse.**
- **Always check in with a instructor/leader before leaving your group (ie: restroom break, etc) To ensure the safety of our participants we need to know where our participants are at all times.**
- **Please Clean up after you and your horse-(pick up manure left behind from your horse, clean up area after picking feet and grooming ie: hair droppings, garbage, etc.)**
- **No cell phones allowed. (They may be kept in a backpack/put away and not used during clinic hours. Cell phone use must be approved by a Instructor/leader).**
- **Wear proper attire while riding (riding boots, pants, helmet-all three are required)**
- **Do not wear dangly jewelry that could get caught when working with or riding a horse.**
- **No chewing gum while riding.**
- **No dogs allowed outside of vehicles.**
- **No Smoking or alcohol on premises.**

**These small efforts by you are greatly appreciated! *Thanks!***

**Cedar Ridge Equine Staff, Instructors & Owners**

**I have read and understand the Cedar Ridge Equine Summer Clinic Rules. I am willing to accept and abide by these rules.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent/Guardian)**

**Signed: \_\_\_\_\_ (Participant)**

*Please complete the following information/waivers and bring with you to the first day of clinic or mail/email to us prior to first day of clinic. Copies to sign will also be available this first day of clinic; however completing this prior to clinic will expedite check in/ registration process..*

Participant Name: \_\_\_\_\_

Clinic Date/s: \_\_\_\_\_

Type of Clinic: \_\_\_\_\_

*Please describe the participants prior experience with horses if any:*

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*Please indicate and describe participants goals for this clinic:*

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**Medical Information and Release**

**Name:** \_\_\_\_\_

**Hospital/Clinic Preference:** \_\_\_\_\_

**Physician's Name and Phone**

**Number:** \_\_\_\_\_

**Insurance Company and Policy Number:**

\_\_\_\_\_  
\_\_\_\_\_

**Allergies/Special Health Considerations:**

\_\_\_\_\_  
\_\_\_\_\_

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of emergency.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please provide a copy of your Insurance Card.*

Name (Print): \_\_\_\_\_

**Cedar Ridge Equine, INC. Waiver of Rights**

Assumption of Risk

1. I understand and acknowledge that this is a legal agreement that will either abolish or severely restrict my legal rights and the rights of my heirs and relatives in case I am injured, die or am otherwise damaged as a result of my attendance at any Cedar Ridge Equine, INC. and/or Prechter ride, activity of function, or my participation in or being present at equestrian activities. I will not sign this agreement until I have read each and every paragraph and fully understand its content.

Initial \_\_\_\_\_

2. I understand and acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails and in camps is inherently dangerous. I understand that the dangers include the possibility of serious and permanent physical and emotional injury and the possibility of death. I understand that I can get thrown, stepped on, kicked or otherwise injured by my horse or any other horse. I understand that riding trails, riding and jumping rings, and equestrian facilities and camps/clinics can be dangerous.

Initial \_\_\_\_\_

3. I understand and acknowledge that no amount of care, caution, instruction, or supervision can eliminate the dangers inherent in riding horses, being near horses and being at equestrian facilities and on trails or camps or clinics.

Initial \_\_\_\_\_

4. I understand and acknowledge that injury or death could result in a variety of ways including self-inflicted injury or death, injury or death by a horse or other animal, injury or death by the negligent or intentional act or omission of members, officers, directors, employees, and agents of Cedar Ridge Equine, INC. and/or Amy Prechter, injury or death by the negligent or intentional act or omission of a third person, or of an apparent or hidden defect or dangerous condition of the equestrian facilities, trails and camps.

Initial \_\_\_\_\_

5. With my full knowledge and appreciation of the foregoing risks, I hereby forever release and discharge Amy Prechter and Cedar Ridge Equine, INC. its members, officers, directors, employees, agents, volunteers, and people with whom provide facilities or services (all of whom are hereinafter collectively referred to as "RELEASED PARTIES") from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries, damages, and death arising out of my attendance at camps, lessons and functions or participation in equestrian activities including but not limited to injury, damage or death cause by the passive or active negligence or the RELEASED PARTIES or third parties or the intentional acts of or omissions of the RELEASED PARTIES or third parties.

Initial \_\_\_\_\_

6. I further agree that I will not sue or make a claim against the RELEASED PARTIES for injury, damage, death or other losses sustained as a result of my attendance at or my participation in equestrian activities.

Initial \_\_\_\_\_

7. I understand that by signing this Waiver and Assumption of Risk that I am giving up significant rights that I, my family and heirs have. I further understand that there may be other equestrian groups in the area that would not require me to give up some or all of these rights. Knowing this, I still prefer to use the facilities of Cedar Ridge Equine, and Amy Prechter and therefore I voluntarily give up my rights as described in this agreement.

Initial \_\_\_\_\_

8. I understand and acknowledge that the RELEASED PARTIES may not be insured (wholly or in part) against any claims or actions by me or others arising out of my participation in equestrian activities and trail rides, lessons and functions. I further understand and acknowledge that the RELEASED PARTIES may not have any health or other medical insurance that would pay for any of my medical or related expenses in case I was injured and therefore I understand that it is my responsibility to provide full medical insurance for any injury which may befall me.

Initial \_\_\_\_\_

9. I understand and agree that the various provisions of this agreement are severable and the invalidity or inapplicability of any provision shall not affect the validity or applicability of the other provisions. This agreement shall be governed by the laws of the State of Montana. If, under the laws of state in which this document is executed, consents, waivers, releases and/or agreements as set forth herein are required, as a condition of their enforceability, to be in a certain form or to contain special language, such special form or language is deemed incorporated as a reference herein and I covenant that I would have executed and will upon request of RELEASED PARTIES (with retroactive effect to the date hereof), execute an agreement pertaining to the subject matter which contains such special form or language.

Initial \_\_\_\_\_

10. This agreement represents a complete embodiment of the understandings and agreements between the RELEASED PARTIES and I regarding the subject matter, No representations have been made to me regarding the subject matter except as set forth herein. This agreement may not be modified or rescinded except in a writing executed by an officer of Cedar Ridge Equine, INC. and Amy Prechter.

Initial \_\_\_\_\_

11. I further understand that if I have any questions about this agreement I will not sign the agreement until after I have consulted an attorney.

Initial \_\_\_\_\_

12. I represent that I have carefully read each and every on of the provisions hereof, fully understand each provision and consent to be bound thereby. I further acknowledge receipts of a copy of this agreement.

Initial \_\_\_\_\_

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WARNING, DO NOT SIGN THIS WAIVER OF RIGHTS AND ASSUMPTION OF RISK AGREEMENT UNTIL YOU HAVE READ AND UNDERSTOOD EACH AND EVERY PARAGRAPH.

\_\_\_\_\_  
PRINT NAME AND DATE

\_\_\_\_\_  
SIGNATURE (PARENT  
SIGNATURE IF UNDER 18 YEARS OF AGE)

**Parent/Guardian Contact Information:**

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

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

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

**Alternate Emergency Contact Information:**

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

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

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**Cedar Ridge Equine, INC. Media Release**  
*(Optional)*

I, \_\_\_\_\_ the undersigned parent hereby consent to the use of my child's \_\_\_\_\_ photograph and/or likeness for the uses licensed by Cedar Ridge Equine, INC for any use, advertising, sales, or promotion reasons, thus, waiving Cedar Ridge Equine, INC from any liability claims whatsoever for said use(s).

Parents Name (Printed): \_\_\_\_\_

Child's Name (s): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_