

JUDY MYLLYMAKI

BARREL RACING CLINIC

WHEN

June 10 & 11, 2017

WHERE

**Big Sky Horse Park
Missoula, MT**

3500 North Avenue West, Missoula, MT 59806

About Judy :

- **Over 35 years of Barrel Racing Experience**
- **National Finals Rodeo Qualifier**
- **Montana Pro Rodeo Circuit Champion**
- **Montana Pro Rodeo Circuit Finals Average Champion**
- **Dodge National Circuit Finals Qualifier**
- **Multiple Futurity Championships**



BIG SKY HORSE PARK

OPERATED BY THE MISSOULA HORSE COUNCIL



REGISTRATION:

\$450 per horse/rider

(Includes clinic fee, 1 stall, breakfast and lunch on June 10th and 11th)

\$50 Audit Fee/Day

\$25/Camper Hook-ups

Limit 20 riders

SCHEDULE:

Friday – June 9th

Begin check in @ 5:00pm

Saturday – June 10th

Clinic @ 9:00 – 4:30

Sunday – June 11th

Clinic @ 9:00 – 4:30

CONTACT:

Kim Stickler:

406-241-6384

Lynn Thee:

406-396-1302

www.bigskyhorsepark.org



****Judy Myllymaki****

Barrel Racing Clinic

June 10 – 11, 2017

BIG SKY HORSE PARK



Name _____

Address _____

City/State/Zip _____

Email _____ Phone _____

2017 Big Sky Horse Park Member? ____ Yes ____ No

Notes: Clinic Deposit must be paid with entry in order to hold your spot. Clinic will be filled based on receipt of your deposit. Partial refunds available only with written notification and Doctor or Vet release received on or before **May 27th**.

If the balance of your clinic fee is not received by **May 27th** – your spot will be given to the next person on the waiting list.

		#	Fee	Total
Clinic Deposit	Includes 1 stall (2 nights), breakfast/lunch X2		\$225	
Clinic Balance	Due on or before May 27th		\$225	
Camper Hook-up	Clinic		\$25	
Daily Audit Fee	\$25 BSHP Members (2017 BSHP ID# _____) \$50 Non-Members		\$25 / \$50	
Extra Stall	Includes 1 bag shavings		\$25	
Extra Shavings	Per bag		\$10	
Open Arena Friday Night				
TOTAL FEES DUE				

For more information or questions please contact: Kim Stickler: 406-241-6384 or Lynn Thee: 406-396-1302

Please make checks payable to: Missoula Horse Council
3620 Snowdrift Lane, Missoula MT 59808
Note: Returned NSF checks subject to \$50 reprocessing fee.

Assumption of Risk Agreement
Must be completed and submitted with entry form

I, the undersigned, _____
herein request access and permission to occupy, use, enjoy and/or ride or handle horses on the premises of the Big Sky Horse Park, hereinafter referred to as BSHP. I understand and agree that whether I am participating in equine activities within the BSHP premises or exposing myself to the inherent hazards or injuries associated with equine handling and activities on any part of the premises, I am doing so willingly with the understanding that horses are inherently dangerous.

Further, I understand, the purpose of MCA 27-1-725 through 27-1-727 is to assist courts and juries in defining the circumstances under which persons responsible for equines may be found liable for damages to persons harmed in the course of equine activities. It is the of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected, or necessary to persons engaged in equine activities. It is the policy of the state of Montana that an equine activity sponsor or equine professional who is negligent and causes foreseeable injury to a participant bears responsibility for that injury in accordance with other applicable law.

Further, the undersigned, acknowledges that I have had the opportunity to inspect the premises and surrounding conditions for inherent hazards associated with the nature of the premises (including icy winter conditions) each time I occupy said premises as a member, participant, spectator or invitee and therefore wish to make this acknowledgment and agreement perpetually binding from the date herein signed.

Photo Release

I agree to grant to BSHP and its authorized representatives permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote BSHP, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Print Name (Clearly)

Signature _____ Date _____

Address _____

Cell Phone _____ Email _____

**Under 18 riders at Big Sky Horse Park are encouraged but are not required to wear ASTM/SEI approved riding helmets. Missoula Horse Council encourages the use of approved and properly adjusted riding helmets, safe tack and responsible horsemanship for all riders at the Big Sky Horse Park.*

Emergency contact names and numbers (at least one required):

Name of Contact Person _____ TelNo. _____

Name of Contact Person _____ TelNo. _____

Supervising a minor: The below signed herein certifies I am a parent or legal guardian having full authority and acknowledge that the minor above named, understands and accepts that they are assuming inherent risks associated with equine activities they are involved in on the premises above named.

Signature of legal guardian _____ Age of minor _____