

Cowgirl Retreat - Registration Form:

(All information kept confidential)

Date: May 7 - 9th, 2021 & **May 21 - 23rd, 2021**

Circle the date you are applying for:

Name: _____

Address: _____

Phone #s: _____

Email: _____

Are you on Facebook? Yes No (We might set up a private group to share group info)

Interested in a Soak at The Springs? Yes No \$25

Friday 10.30 am - 1.30 pm (We currently have 12 reservations made for us)
(they are operating on a limited schedule currently, information as of Feb 1st)

Food Allergies: Yes No **What type:** _____

We are willing to take some things in consideration, but can't do all.

I will stay at the Campground: _____ **I will stay at an Idaho City Hotel:** _____

Miscellaneous Information: _____

No Refund for Weather Conditions, we will meet rain or shine. Please bring layers and warm clothes, the month of May still can have freezing temps.

We take Venmo, Check, Cash. Sorry we don't take Credit Card at this time.

Your spot will be secured after receiving full payment - 1st Serve, 1st Come!

You are participating at your own risk!

By my signature, I hereby release Cowboy Campground LLC, its owners, officers, directors, agents, employees, volunteers, horse owners and landowners, from any & all liability on account of loss, damage or injury that I or any person whom I allow upon Cowboy Campground at Legacy Park premise may incur. I make these entries at my own risk & am subject to the rules of this venue & I agree for myself & my representatives to be bound thereby. I hereby personally assume all risks in connection with this activity and I release Cowboy Campground at Legacy, and other facilities used for the purpose of the clinic or 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 Cowboy Campground at Legacy Park or other facility used for the purposes of this activity, including, but not limited to loss of compensation. Once the clinic or retreat is in session, should I decide to withdraw from the agenda

for any reason, there will be no refunds. Youth riders must have parent's signature.

Of course we will do our very best to have a safe and fun environment!

Signature of Participant

Date

Send Application and Payment to:

or cowboycampground@gmail.com

Cowboy Campground LLC
8699 S Gantz Avenue
Boise ID 83709

Questions from our Clinicians, please attach to your application:

From Ashley:

Leading up to our time together at Cowgirl Retreat, I'd love you to become increasingly more aware of your emotional interaction with your horse and the thoughts you have about yourself.

If your horse is holding up a mirror to see within you - what do you see?
Both perceived positive and negative.

If your horse could lovingly suggest you grow in your inner world (thoughts, feelings, beliefs), what would your horse suggest?

From Dana:

Tell us a little about your horse and your most valued part of your partnership:

Is there something particular you hope to get out of our time together:

From Heather:

Physical Activity Readiness Questionnaire: Please Answer Yes or No

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? _____
- Do you feel pain in your chest when you do physical activity? _____
- In the past month, have you had chest pain when you were not doing physical activity? _____
- Do you lose your balance because of dizziness or do you ever lose consciousness? _____
- Do you have a bone or joint problem that could be made worse by a change in your physical activity? _____
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? _____
- Do you know of any other reason why you should not do physical activity? _____

If You Answered Yes

If you answered yes to one or more questions, please use the space below to provide additional information:

Are you willing to proceed with physical activity? _____

What physical limitations (strength, flexibility, agility, endurance, etc.) do you experience when working with or riding your horse?

Do you experience any pain when working with or riding your horse, and if so where?

In what areas of your body do you feel the strongest?

In what areas of your body do you feel the weakest?

What is one area of your physicality (strength, flexibility, agility, endurance) that you wish to improve and why?
