



## Equine Regulations

1. Only horses participating in clinics at Cashmans Horse Equipment Outlet may be brought to the event.
2. Any horse brought to Cashmans Horse Equipment must be in good health and free of communicable disease and/or illness.
3. Any horse brought from out of the state of Ohio must be accompanied by (a) proof of a negative result for equine infectious anemia (Coggins test) date within 12 months of the clinic date and (b) if requested present a Certificate of Veterinary Inspection (health papers) dated within 30 days of the clinic date.
4. Upon arrival at the clinic all horse owners or their authorized representative(s) must check in at the Office upon for their stall assignments and complete all required paperwork.
5. Only those individuals, more than 18 years of age, signing or listed on the Release of Liability are permitted to ride or handle the horses. Under no circumstances will any individual grant permission to any attendee or other participant to ride any horse at the clinic.
6. Riders under the age of 18 who wish to ride in a clinic must complete a Junior Rider Application to ride their horses in a clinic. The parents or legal guardian will be responsible for ensuring compliance with these Rules & Regulations.
7. All horses are to be ridden designated riding areas and participants are responsible for maintaining control of their horse at all times.
8. Event management and/or clinician reserve the right to dismiss a horse or rider from participating if they deem the horse to be unhealthy, dangerous, or in any way inappropriate for participation; there will be no refunds of clinic fees.
9. Event management and/or clinician strongly recommend that all clinic riders at wear approved safety helmets when riding at the event.
10. Each owner or representative bringing horses to the clinics Cashmans Horse Equipment Outlet must read and sign these Equine Regulations and a Release of Liability.

I have read the Rules & Regulations listed above and understand that if I fail to comply with these Equine Regulations that the event management and/or clinician may require me to remove my horse(s) from the clinic.

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Name of Owner \_\_\_\_\_ Name of Authorized Representative (if applicable) \_\_\_\_\_

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Name of Rider \_\_\_\_\_ Name of Authorized Representative (if applicable) \_\_\_\_\_

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Signature of Owner, Rider, or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent or Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Names of Horse(s) Brought to Cashmans Horse Equipment Outlet Event:

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**Cashmans Horse Equipment Outlet, 1646 US Highway 42 North, Delaware, OH 43015-9013  
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