

CLINIC HOST INFORMATION

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If you are interested in hosting an Ed Dabney clinic, here are the steps to follow:

1. Contact us via email at customerservice@eddabney.com to request a date for your clinic and to discuss the type of clinic you prefer.
2. Once a date has been determined, a signed "Clinic Host Agreement" must be submitted to us in order to secure the clinic dates.
3. A \$500 non-refundable deposit will be due one month before the clinic. (Host may use rider's fees to cover this expense.)

Clinic host must collect all participant and spectator fees and make sure all clinic registration/wavier forms (provided by Ed Dabney) are signed by each participant. All signed clinic registration/wavier forms must be submitted to Ed Dabney prior to the start of the clinic.

Since Ed works on a flat fee basis there is no minimum participation for the clinic, however the maximum number of rider/participants is 12. This maximum insures that all participants receive ample personal attention from Ed.

The clinic host has great flexibility in organizing the clinic. You may decide how much to charge for clinic participation and for spectators. Once Ed's clinic fees and travel expenses are met, the clinic host will keep the remainder of the fees you collect including spectator fees.

4. Host must provide:

- a signed "Clinic Host Agreement"
- an appropriate size, covered arena
- ample parking
- restroom facilities
- all advertising and promotion of the clinic
- one six foot table for retail display items

Ed's fees: **\$1000** per day. No charge for travel days or evening lecture session; \$500 deposit is applied to Ed's per day fee.

Travel expenses: Reimbursement for one airline ticket and ground transportation or rental car if the clinic location is more than 250 miles from Monroe, GA. If the clinic location is less than 250 miles from Monroe, GA, Ed will be driving to your location, in which case his travel fee is \$1 per round trip mile. If Ed drives to your clinic location, host will provide boarding for any horses he brings. Clinic host will provide appropriate lodging for Ed or reimburse for his motel expense. Ed's total fees and travel expenses must be paid in full upon Ed's arrival at your clinic location prior to the beginning of the clinic.

Please see "Clinic Host Agreement" which follows

CLINIC HOST AGREEMENT

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This is an agreement between _____, Clinic Host and Ed Dabney Gentle Horsemanship, LLC, (EDGH) in respect to conducting a clinic on the dates specified below, at the location specified below.

Clinic Host agrees to provide items and services outlined in "Clinic Host Information" sheet, attached.

EDGH agrees to conduct a clinic of agreed upon duration and theme.

Deposit is due no later than 30 days prior to clinic. Any and all balances due shall be paid in full upon the arrival of Ed Dabney at the Host's facility.

Insurance: EDGH agrees to maintain a \$1,000,000 liability insurance policy for himself and his assistants as may be required by laws in connection with the performance of their duties. For a fee of \$75, a Certificate of Insurance related to this policy will be provided to the Clinic Host.

Indemnification and Hold Harmless Provision. The Clinic Host agrees hereby to indemnify and hold harmless EDGH, Ed Dabney and his assistants from any and all claims which may arise out of and in the course of the performance of his duties. I understand there is an inherent risk with horses and will not hold EDGH, Ed Dabney and his assistants responsible for any injury, illness or death of any person or horse before, during or after EDGH's services are rendered, and EDGH agrees to the same.

Professional Responsibility. Nothing in this Agreement shall be construed to interfere with or otherwise affect the rendering of services by Ed Dabney in accordance with his independent and professional judgment.

Barring acts of God, the Deposit will not be refunded if Clinic Host terminates this agreement. If EDGH terminates this agreement, the deposit will be refunded in full.

CLINIC HOST AGREEMENT

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Clinic Dates:

Clinic Theme:

Clinic Host:

Printed name

Signature

Date

EDGH:

Printed name

Signature

Date

Clinic to be held at:

(Facility name, address, city, state zip code)

Clinic Host contact information:

(Address, City, State Zip Code, Home telephone, Cell phone, E-mail address)

Deposit: Clinic Deposit - \$500

Date Due _____