

# ED DABNEY Gentle Horsemanship Clinic Host Information

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](mailto:customerservice@eddabney.com) to request a date for your clinic and 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 \$700 non-refundable deposit will be due 45 days 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/waiver forms (provided by Ed Dabney) are signed by each participant. All signed clinic registration/waiver 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 10. This maximum ensures 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 may keep the remainder of the fees collected including spectator fees.

4. Host must provide:
  - a. a signed "Clinic Host Agreement"
  - b. an appropriate size, covered arena
  - c. ample parking
  - d. restroom facilities
  - e. all advertising and promotion of the clinic
  - f. one six foot table for retail display items

Ed's fees: \$2,500 per clinic day plus \$1,000 per day for travel days. (\$700 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 Mansfield, GA. If the clinic location is less than 250 miles from Mansfield, 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 hotel lodging and reimbursement for meals for Ed.

Ed's total fees and travel expenses must be paid in full by cash or check 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

## Page 1 of 2

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 45 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**  
**Page 2 of 2**

Clinic Dates

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Clinic Theme

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Clinic Host

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EDGH

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Clinic to be held at: \_\_\_\_\_

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*(Facility Name, address, city, state, zip code)*

Clinic Host contact information:

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*(Address, city, state, zip code, Home telephone, Cell phone, e-mail address)*

Deposit: Clinic Deposit \$700

Date Due \_\_\_\_\_