



2017 Clinic Application

Office / 401 E. 2nd Street / Waconia, MN 55387

Gassen Horsemanship, LLC / mitch.certifiedclinician.com / 952-240-8521

APPLICANT INFORMATION: Complete a Separate form for each applicant. (1 horse per Clinic)

Name _____

First

Last

Address _____

City _____ Country _____ Sex _____

State _____ Zip _____ Alt. Phone _____ Female _____

Phone _____ Date of Birth: _____ Male _____

E-Mail _____

Participated in previous Downunder Horsemanship Clinics or Private Lessons? Yes ___ No ___

If yes, date(s) participated:

Date: _____ Host: _____ Location: _____ Instructor: _____

How did you hear about the Clinic? (please circle any that apply): Clinician Website / DUH Website / E-Mail / NWC Forums / Facebook / Other: _____

3, 4 and 5 Day Fundamental Clinic Details (50% of fee due at sign up) Credit Cards accepted.

| Dates: | Location: | Please circle 3 day, 4 day or 5 day Clinic | | |
|--------|-----------|--------------------------------------------|-----------------------|-------------------------|
| | | 3 day \$750/person | 4 day \$850/person | 5 day \$1,000/person |
| | | | | |

I understand that I am responsible for all stall fees, bedding, feed, and all of my (and my horse) personal travel expenses

Horse Information:

| | |
|-----------------------------------|----------------------------------------|
| Name: | Breed: |
| Age: | Overnight stabling required? Y N |
| Mare Gelding | Number of Nights: |

*** Current Negative Coggins & Valid Health Certificate Required**

*** No Stallions, Mules, or Donkeys Permitted**

Check In: Day before clinic starts from 2-5 pm or morning of at 8:00 am. Please let me know what day you plan on checking in. Contact Mitch Gassen at (952) 240-8521 or mitch@downunderhorsemanship.com.



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Medical History and Emergency Contact

Name: _____ Date of Birth: _____ Age: _____

Female Male

Clinic Helper Name: _____ Contact # _____

Female Male

Whom to Contact in Case of Emergency

Name: _____ Phone: _____

Cell Phone: _____

Do you have or have you had any of the following in the last 12 months? (If yes please explain)

| | Yes | No | | Yes | No |
|-----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Anemia | <input type="checkbox"/> | <input type="checkbox"/> | Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Impaired Hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Clots | <input type="checkbox"/> | <input type="checkbox"/> | Impaired Vision | <input type="checkbox"/> | <input type="checkbox"/> |
| Convulsions | <input type="checkbox"/> | <input type="checkbox"/> | Infectious Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Muscle/Joint Disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | Neck/Back Injuries | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Need Special Equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting | <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy (currently) | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Injury | <input type="checkbox"/> | <input type="checkbox"/> | Severe Pain | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin Disorders | <input type="checkbox"/> | <input type="checkbox"/> | Heart/Cardiac Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgeries | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Unconsciousness | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Current Medications: _____

I acknowledge the clinics will be very demanding and I am able to participate

Signature _____ Date: _____

My Personal Details: (Check Y or N)

I understand that this is a physically demanding clinic. I am healthy and able to participate in the clinic.

I am responsible for the health, care and feeding of my horse throughout the entire clinic.

I am at least 18 years of age.

My Riding Ability: (Check Y or N)

I am confident riding my horse on a loose rein at the **walk, trot and canter** in a group setting.

I am confident cantering my horse on a loose rein in a group setting with other horses. (Important note: If you are not able to confidently canter your horse on a loose rein in a group environment, you may be asked to sit out for a portion of the clinic. No refunds will be given).

Date I last cantered my horse on a loose rein:

My Horse: (Check all that apply)

I am participating with a horse, not a donkey or a mule.

My horse is a mare or gelding.

My horse is not a stallion.

My horse that I am participating with has had at least 60 rides.

My horse is reasonably manageable, both on the ground and under saddle.

REQUIRED Documentation: (Check Y or N)

I agree to bring with me a photocopy of my horse's current Negative Coggins test. This copy will be retained by the Certified Clinician. (REQUIRED regardless of crossing state lines).

I agree to bring with me a photocopy of my horse's current Health Certificate. This copy will be retained by the Certified Clinician. (REQUIRED regardless of crossing state lines).



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REQUIRED Equipment: (Check Y or N)

I understand that I MUST have the following equipment in order to participate in the clinic. I understand that the Certified Clinician will not bring product that is available for purchase. Not having this required equipment will void registration.

___ Riding boots. Proper riding boots with a heel are required. No flip flops, tennis shoes or footwear other than approved riding boots will be allowed in the arena.

___ Downunder Horsemanship Halter and 14' Lead rope .

___ Handy Stick and String - 4ft stick with detachable 6ft string

___ Bridle with Snaffle Bit and chin strap (Mecate reins or loop reins with a spanker are highly recommended). NO SHANK BITS

___ Well fitting saddle and saddle pad with correctly sized girth.

___ Extra girth in a smaller size in case your horse loses weight over the duration of the clinic. Most horses shed a few pounds throughout the clinic, so be sure to bring an extra girth that is 2 to 4 inches shorter than your original girth. That way you're prepared and can still participate in the clinic.

___ By checking here I certify that I have read the requirements and information presented to me above.

Refund Policy:

- Cancellation 120 days before the clinic: 50% deposit refunded.
- Cancellation 120-60 days before clinic: 25% deposit refunded less \$250 administration fee.
- Cancellation 60 days or fewer before clinic: No refund.

By signing here I certify that I have read the requirements and information presented to me by Gassen Horsemanship and I understand that falsification of any information may result in my expulsion from the clinic without a refund.

Signature: _____

Date: _____



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Personal Photos:

Photos are meant to be for your personal use only, not for commercial purposes or public viewing.

Absolutely no video cameras.

Other Policies:

No Stallions, Mules or Donkeys allowed. Appropriate footwear is required at all times during your clinic. The same horse and rider combination who sign up for the clinic is to participate in the entire clinic. There will be no changes of riders and horses during the clinic. Applicants must be at least 18 years of age.

Payment Policy:

50% of fees are required at sign up. Clinic must be paid in full 60 days prior to start date or the reservation may be turned over to the next applicant on the waiting list. Payments must be made to Gassen Horsemanship, LLC, 401 E. 2nd Street Waconia, MN 55387. Gassen Horsemanship, LLC now accepts credit cards. Contact Mitch at 952-240-8521 for details.

Cancellation Policy:

Cancellation prior to 60 days before the clinic: 50% deposit refunded. Cancellation 30-60 days before the clinic: 25% deposit refunded. Cancellation 30 days or fewer before the clinic: no refund. If you need to cancel, efforts will be made by Gassen Horsemanship to fill your reservation with another participant. Gassen Horsemanship reserves this right. If your dates are filled, your fees will be returned minus administration fees. All cancellations are subject to a \$35 administration fee and will be deducted from the fees paid.

Cancellation Policy:

Gassen Horsemanship reserves the right to cancel a clinic to unforeseen circumstances beyond our control. Such decisions will be made at least two weeks before the scheduled clinic date. If a clinic is canceled by Gassen Horsemanship, you will be entitled to a full clinic refund.

Auditor Tickets:

Auditors are welcome. 3 day clinic prices are \$25/day or \$50 for all 3 days prepaid. 4 day clinic prices are \$30/day or \$60 for all 4 days prepaid. 5 day clinic prices are \$30/day or \$90 for all 5 days prepaid. Payments made to Gassen Horsemanship, LLC, 401 E. 2nd Street Waconia, MN 55387. Credit cards accepted.

Helper Policy:

Each clinic participant is permitted to have one helper accompany them at the clinic. Your helper needs to be registered during check in with the Certified Clinician. They should be someone who is supportive of your horsemanship needs and can help with tacking, grooming, cleaning stalls, etc. Helpers are not allowed to groundwork or ride your horse at any time during the clinic.

I agree to the above policies by initialing here: _____

Application Policy:

Acceptance is subject to application and review and approval. A full refund will be given if the application cannot be accepted. This application must accompany the deposit.

I acknowledge the clinic will be physically demanding and I am able to participate.



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Signature

Date:

General: Safety Helmet / Protective Headgear Statement

Read Carefully Before Signing

Name:

Address:

I, for my self and/or on behalf of my child or legal ward, have been fully warned and advised by Mitch Gassen and Gassen Horsemanship, LLC. (hereafter, "Clinician") that I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified protective headgear (helmet and strap) that is designed for use by equestrians when riding or near horses or ponies in order to reduce the severity of some head injuries and possibly prevent death from happening as a result of a fall or other occurrences. I am NOT relying on Clinician or anyone affiliated with Clinician to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear or to monitor my compliance with this suggestion at any time – now or in the future. **If I choose to wear an ASTM-standard/SEI-certified helmet and headgear, or if I choose not to, this is my decision alone.**

I have read this statement carefully before signing.

Signature:

Please read over the list of exercises on the following pages and make sure you are able to perform each exercise with the horse that you plan to participate with. Clinics are meant as a way for the Professional Clinician to critique your understanding and execution of the Method. The better understanding you have of the basics of horsemanship, the better prepared you and your horse will be to excel in the higher levels. Please also keep in mind that there are 12 other participants in the clinic and the Professional Clinician has to divide their time evenly among everyone. If you inadequately evaluate your ability or your horse's ability, you'll take away from other participants' clinic experience and not receive the help you need.

FUNDAMENTAL EXERCISES COVERED

Fundamentals Groundwork

1. Roundpenning Exercises
2. Desensitizing to the Lead rope
3. Desensitizing to the Stick and String – all 3 sides
4. Yield the Hindquarters
 - a. Stage 1
 - b. Stage 2
5. Backing Up
 - a. Method 1
 - b. Method 2
 - c. Method 3
 - d. Method 4
6. Yield the Forequarters
7. Lunging for Respect Stage 1
8. Flexing
 - a. Steady Pressure
 - b. Bumping on the Halter
 - c. Poke and Flex
 - d. Flex from Opposite Side
9. Sending Exercise
10. Circle Driving
11. Lunging for Respect Stage 2
12. Leading Beside
13. Fundamental Desensitizing
 - a. Slap and Walk
 - b. Headshy Exercises
 - c. Helicopter Exercise

Fundamentals Riding

1. Flexing with Bridle on the Ground
2. Flexing at a Standstill (under saddle)
3. One Rein Stops
4. Cruising Lesson
5. Follow the Fence
6. Diagonals
7. Touch and Rub Exercise (on the ground)
8. Yield the Hindquarters at a Standstill
9. Yield to a Stop
10. Bending at the Walk
11. Bending Transitions
12. Vertical Flexion at a Standstill
13. Draw to a Stop
14. Yield the Hindquarters and Back up