

# JUSTIN MUNDT



## HORSEMANSHIP CLINIC

### **SIMPLE    SENSIBLE    SOLUTIONS**



# Clinic Application

Stables address - N13551 CR F – Ridgeland, WI 54763  
Justinmundthorsemanship.com – 608-354-5371

**APPLICANT INFORMATION:** Complete a Separate form for each applicant. Limited to 1 horse per clinic.

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Sex: M: \_\_\_\_\_ F: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month/day/year

Email: \_\_\_\_\_ *(Applicants must be 18 years of age at start of course)*

**Courses I am Interested in Attending are:** 50% of Fees are due at Sign up.

Course:	Instructor:	Attending:	Price:
Date (mm/dd/yy):	Location:		
2-Day Groundwork	Justin Mundt	<input type="checkbox"/>	\$250
3-Day Fundamental	Justin Mundt	<input type="checkbox"/>	\$375
2-Day Private Lesson	Justin Mundt	<input type="checkbox"/>	\$450

**PAYMENT METHOD:** \_\_\_\_\_ **HORSE INFORMATION:** No Stallions or Mules Permitted

Check      Check No: \_\_\_\_\_      Name: \_\_\_\_\_

Cashiers Check      Age: \_\_\_\_\_

Make checks payable to Justin Mundt.      Sex: \_\_\_\_\_

Breed: \_\_\_\_\_

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

Questions? Email us: [justin@justinmundthorsemanship.com](mailto:justin@justinmundthorsemanship.com)

Initial \_\_\_\_\_



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## **POLICIES:**

### **Personal Photos:**

Photos are meant to be for your personal use only, not for commercial purposes or public viewing. You are not authorized to publish or display any photos taken of Justin, Vegas, the staff, anyone else or anything at the Justin Mundt Horsemanship Ranch without written permission from Justin Mundt Horsemanship and the person (or people) in the photo.

### **ABSOLUTELY NO VIDEO CAMERAS.**

### **Other Policies:**

No dogs permitted. No stallions, Mules, or Donkeys allowed. Appropriate footwear is required at all times during your clinic. Applicants must be minimum of 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 student on the waiting list.

### **Cancellation Policy:**

Justin Mundt Horsemanship reserves the right to cancel a course due to unforeseen circumstances beyond our control. Such decisions will be made at least two weeks before the scheduled course date. If a course is canceled by Justin Mundt Horsemanship, you will be entitled to a full refund or the option to transfer to another date.

- Refund Policy:**
- Cancellation prior to 60 days before the clinic: 50% deposit refunded.
  - Cancellation 30-60 days before clinic: 25% deposit refunded.
  - Cancellation 30 days or fewer before clinic: No refund.

### **Spectators:**

No spectator tickets will be sold for Private lessons.



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**POLICIES: Continued**

**Helper Policy:**

Each clinic participant is permitted to have one helper accompany them throughout the duration of the clinic. Your helper has to be at least 18 years of age, and should be someone who is supportive of your horsemanship needs. They'll act as your personal assistant throughout the clinic helping you groom and tack your horse up, bring you water and offer their support. Choosing a helper you do not know personally and doesn't assist you will only hurt your clinic experience. Please do not abuse this support system.

The same horse and rider combination who sign up for the clinic is the only horse and rider team to participate throughout the duration of the clinic. If you decide to not participate in the clinic, or are unable to complete the clinic, no one else can participate in the clinic with your horse. This rule is in place to ensure that all clinic participants receive the best instruction possible. Those who enter the clinic late will not know all of the same information everyone else in the class has received up to that point.

Your helper may not ground work or ride your horse at any time during your time on the ranch.

**I agree to the above policies by initialing here:** \_\_\_\_\_

**Approval Policy:** Acceptance is subject to application review and approval. A full refund will be given if application cannot be accepted. Application, Form and Qualifications Checklist must accompany booking.

**By Signing here I acknowledge and agree to the above policies. I have read the forms outlining clinic policies and guidelines.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Course Description

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 other participants in the clinic and Justin has to divide his time evenly amongst 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.

### 2-DAY GROUNDWORK CLINIC

2-Day Groundwork Clinics are taught in a group setting with a minimum of 6 people. This course is a great option to have, if you have a young, or green horse. **Horses 1 year of age and older will be accepted for this Clinic.** This is not a Colt Starting Clinic, but will help you to provide a great Foundation for the young, or green horse, or to re-educate the problem horse. This Clinic will help you to get a head-start on your horse's Foundation, and will better prepare them, for when the Starting Under Saddle education begins in your journey.

*\*Horse's accepted for this Clinic must be halter broke, and be able to lead.*

This Clinic will follow a specific course work outline. Justin will use his Demo Horse Vegas (the same horse in the pictures on his website), to show you the finished result of the exercise being taught. Then Justin will use a participant's horse to demonstrate each exercise. Participants will then spread out around the arena, and put the exercises into practice. Justin will then circulate amongst the participants and offer instruction and help.

### 3-DAY FUNDAMENTAL

3-Day Fundamental Clinics are the most popular course offered by Justin Mundt Horsemanship. This course is taught in a group setting. This Clinic offers Groundwork knowledge, as well as the Riding knowledge necessary to achieve a soft, supple, and collected mount.

This Clinic will follow a specific course work outline. Justin will use his Demo Horse Vegas (the same horse in the pictures on his website), to show you the finished result of the exercise being taught. Then Justin will use a participant's horse to demonstrate each exercise. Participants will then spread out around the arena, and put the exercises into practice. Justin will then circulate amongst the participants and offer instruction and help.



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## Course Description Continued...

### 2-DAY PRIVATE LESSONS

2-Day Private Lessons are the fastest growing course offered by Justin Mundt Horsemanship. This course is offered to 1, or 2 Participants. Justin limits this course to 1 or 2 people, to ensure ample one-on-one attention, and to greatly shorten your learning curve with having Justin's undivided attention. If you have certain limitations as a Rider, or you simply want one-on-one attention from Justin, then this is the course for you!

This clinic will follow a specific course work outline, or it can be suited to your particular needs. If you simply want to learn The Mundt Method from the ground up, or you would like to achieve the softness and collection as that of a performance horse, Justin will work with you to help you toward your goals.

## Requirements and Checklist

The 2-Day Groundwork, 2-Day Private Lessons, and the 3-Day Fundamentals Clinics will cover the exercises featured in Justin Mundt's **Fundamentals Level** of his Training Program. You must be able to answer yes to all of the questions below before you can sign up for any of the courses.

*Important Note: If you do not meet the clinic requirements, you will be asked to leave the clinic without refund.*

### My Personal Details:

- I am at least 18 years old.
- I understand that this is a physically demanding clinic. I am healthy and able to participate in the clinic.
- I will be responsible for the health, care, cleaning stalls and feeding of my horse throughout the entire clinic.

*A Justin Mundt Clinic is a physically demanding experience that will require you to be outside on your feet 8-plus hours a day doing strenuous activity such as walking and running across the arena, rotating your arms in hundreds of circles, crouching forward, maintaining your balance in the saddle, etc. It's a full day of work followed by taking care of your horse (grooming, saddling, unsaddling, feeding, cleaning his stall, etc.). If you have a bad back, weak knees or any sort of medical condition that will prevent you from keeping up with the demands of the clinic, it would be best to schedule a Private Lesson with Justin Mundt so he can better cater to your needs.*

### My Horse's Ability:

- I am confident riding my horse on a loose rein at a walk, trot and a canter in a large group setting. You must be confident riding your horse you plan to bring to the clinic on a loose rein at a walk, trot and canter in the last 30 days. If you cannot walk, trot and canter the horse you bringing to the clinic on a loose rein without grabbing a hold of the saddle horn, gripping the horse's sides tightly with your legs or grabbing a hold of the reins, you are not ready to participate in a Justin Mundt Horsemanship Clinic. These clinics are not designed for the beginner rider learning how to develop balance and a secure seat. You must have a good independent seat at the walk, trot and canter. An independent seat means that you don't need the reins or your legs to stay in the saddle. The best way to develop an independent seat and gain confidence in riding on a loose rein is experience. The more horses you ride and the more time you spend in the saddle, the better your seat will get. If your not able to walk, trot and canter on a loose rein, then Justin highly recommends scheduling a Private Lesson. In a Private Lesson, Justin will be better able to help you develop your seat and build your confidence.

## Requirements and Checklist - Continued

**I am confident cantering my horse in a loose rein in a group setting with up to 12 other horses.**

Not only must you be able to walk, trot and canter the horse your bringing to the clinic on a loose rein, but you must also be confident cantering in a group setting with up to 10 other horses on a loose rein. If you or your horse gets nervous or upset if a person rides near you, you're not ready for a Justin Mundt Horsemanship Clinic. Before deciding to participate in a clinic, test yourself to see if you and your horse are able to walk, trot and canter on a loose rein in a group situation.

**Important note:** *If you cannot confidently canter your horse on a loose rein in a group environment, you will be asked to sit out the entire riding portion of the clinic. No refunds will be given.*

Below are several responses we've heard in the past from unsuccessful clinic participants:

- *I cantered my horse 3 years ago*
- *I cantered when I was a kid, but I haven't cantered since*
- *I cantered my friends horse, but never cantered my own horse*
- *My trainer can canter my horse, but I'm afraid to.*
- *I cantered my horse two months ago, but he bucked me off and now I'm afraid to canter.*
- *I'm OK cantering as long as I'm not riding with a group of people.*

**None of these responses are acceptable.**

## Requirements and Checklist - Continued

### My Horse's Ability:

- 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 on has had at least 60 rides.

This is to ensure that your horse is prepared for the clinic. He should have received 60 rides in the last 90 days with **you** in the saddle. If your horse was ridden three years ago, but you haven't ridden him since, he's not ready for the clinic. It's important for your safety, other participants' safety, your horse's well-being and your education that the horse you bring to the clinic is well-prepared. You should be confident riding him on a loose rein at the walk, trot and canter.

- My horse is reasonably manageable, both on the ground and under saddle.
- I understand that Justin will not be able to spend extra time with my horse to the point of disrupting the rest of the class.

Keep in mind that there are roughly 9 other participants in the clinic who are there to learn from Justin and advance their knowledge of The Mundt Method. Justin cannot stop the clinic to give one person who is afraid to canter a private lesson. Justin tries to spend as much time as evenly as possible between the participants to help everyone. Be honest with yourself when you're assessing the horse you plan to bring to the clinic.

### Required Documentation:

- I agree to bring with me a **photocopy** of my horse's current negative coggins test. This copy will be retained by Justin Mundt Horsemanship permanently.
- I agree to bring with me a **photocopy** of my horse's current **Health Certificate**. This copy will be retained by Justin Mundt Horsemanship permanently.

*Important Note: There will not be a photocopier at the clinic. Please have your horse's documentation copied prior to the clinic.*

### Required Equipment: I understand I need to bring the following equipment in order to participate in the clinic.

- 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.
- Justin Mundt Horsemanship Rope Halter and 14' Lead Rope.
- Justin Mundt Horsemanship Stick and String
- Bridle with Snaffle Bit and chin strap. (Macate reins or loop reins with a spanker are highly recommended. **NO SHANK BITS.**)

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## Requirements and Checklist – Continued

- 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 by Justin Mundt Horsemanship.

**Refund Policy:** • Cancellation prior to 60 days before the clinic: 50% deposit refunded.  
• Cancellation 30-60 days before clinic: 25% deposit refunded.  
• Cancellation 30 days or fewer before clinic: No refund.

I understand that any falsification of any information may result in my expulsion from the clinic without a refund.

**Signature:** \_\_\_\_\_



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## Medical History and Emergency Contact

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Female  Male

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Clinic Helper Name: \_\_\_\_\_ Contact # : \_\_\_\_\_

Female  Male

## Whom to Contact in Case of Emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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**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 physically demanding and I am able to participate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Important Note: All information will be held strictly confidential and will only be viewed by Justin Mundt Horsemanship, Justin Mundt, and their respective clinicians, officers, directors, managers, members, employees, agents, assistants, representatives, assigns, and others acting in direct responsibility with said Activities.*



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## Waiver, Release Of Liability, And Indemnity Agreement – Wisconsin Read Carefully Before Signing

I agree to the following agreement with Justin Mundt, Justin Mundt Horsemanship, a Wisconsin business (referred to in this document as "Clinician") as a condition for its allowing me, and persons identified below, to attend and/or participate in one or more clinics or instructional activities with Clinician, be near horses or ponies, handle horses or ponies, ride horses or ponies, receive instruction or guidance (directly or indirectly) in riding, working with, or handling of horses or ponies at any time and at any location under the direct or indirect supervision of Clinician; and/or use equipment (including, but not limited to, halters, lead ropes, headstalls, mecate reins, bits, and training sticks, or other equipment) on or near horses or ponies before, during, or after the clinic or instructional activity. (All of these activities, individually and collectively, will hereafter be referred to in this document as "The Activities.")

Name of Contracting Party:

Addresses of Contracting Parties:

Phone: [Home] \_\_\_\_\_ [Business] \_\_\_\_\_ [Cell] \_\_\_\_\_

I also make this agreement on behalf of the following, who is/are my child/ren or legal ward(s):

1. \_\_\_\_\_ Age: \_\_\_\_\_ 2. \_\_\_\_\_ Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

All parts of this agreement shall apply to me, and the children/legal wards listed above. [We will collectively call ourselves "I," "me," or "my" throughout this agreement.] This Waiver, Agreement, and Release of Liability is intended to be valid and binding at all times, now and in the future, when Clinician or his staff permit me (directly or indirectly) to engage in any or all of The Activities at any location.

### IT IS HEREBY AGREED AS FOLLOWS:

1. I have voluntarily requested to engage in any or all of The Activities.
2. *Consideration/Binding Effect.* I am signing this Waiver, Agreement, and Release of Liability in consideration for being allowed to engage in any or all of The Activities. This Waiver, Release of Liability, and Indemnity Agreement is intended to be valid and binding at all times, now and in the future, when Clinician permits me (directly or indirectly) to engage in any or all of The Activities at any time and at any location.

### Warning

**"A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**

## Waiver, Release Of Liability, And Indemnity Agreement – Wisconsin (Continued)

3. *Risks of Equine Activities.* I understand that anyone riding, handling, or even near a horse or pony (these animals will hereafter be referred to as "equines" in this document) can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways, back up quickly, or run away from danger by trotting or galloping. Equines are also known to kick, buck, rear up, spin around, strike, or bite. I know that equines can do any of these things without warning. I also understand that all equines, even if they have no history of inflicting injury, are powerful and have the potential to be dangerous to people and animals that are on, near, or around them.

Further, I understand that riding, handling, or even being near an equine can expose me to numerous hazards, which could include, for example: (a) the propensity of an equine to behave in ways that may result in personal injury or death to a person on or around it; (b) the unpredictability of an equine's reaction to a sound, sudden movement, or an unfamiliar object, person, or other animal; (c) certain land conditions and hazards, including surface or subsurface conditions; (d) a collision with another equine, animal, or object; and/or (e) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or another, including failing to maintain control over the equine or not acting within the participant's ability.

I understand that these risks and dangers inherent in equine/farm animal activities can occur with or without negligence on part of Clinician, and I expressly agree to assume them. I also understand that these are some of the risks, and I agree to assume others that are not mentioned here. I am not relying on Clinician to list all possible equine-related risks for me in this document or at any time, now or in the future.

4. WAIVER AND LIABILITY RELEASE/RECOGNITION OF RISKS. As lawful consideration for Clinician allowing me to engage in any or all of The Activities, now or in the future, at any location, and with full knowledge and appreciation of the inherent risks of equine activities, I freely and voluntarily agree to assume the risks involved in any aspect of The Activities at any time. I agree to assume full responsibility for any and all bodily injuries or damages which I or my minor children/legal wards may sustain at any time when engaging in The Activities or while participating of and from all claims, demands, actions, or causes of action (whether they occur now or in the future, and whether they are known or unknown), resulting from either the ordinary negligence of Clinician or of others associated with Clinician, or a violation by any of them of any provision of the Wisconsin State Equine Statute.

### Warning

**"A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**

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## Waiver, Release Of Liability, And Indemnity Agreement – Wisconsin (Continued)

I, for myself and for my heirs, administrators, personal representatives or assigns, release, discharge, hold harmless, and agree not to sue Justin Mundt Horsemanship, Justin Mundt, and their respective clinicians, officers, directors, managers, members, employees, agents, assistants, representatives, assigns, and others acting of and from all claims, demands, actions, or causes of action (whether they occur now or in the future, and whether they are known or unknown), resulting from either the ordinary negligence of Clinician or of others associated with Clinician, or a violation by any of them of any provision of the Wisconsin Equine Liability Statute . *It is my intention to release and hold harmless Justin Mundt Horsemanship, Justin Mundt, and their respective clinicians, officers, directors, managers, members, employees, agents, assistants, representatives, assigns, and others acting on their behalf, to the fullest extent allowed under Wisconsin law.*

WAIVER AND LIABILITY RELEASE PERTAINING TO EQUINE(S). In addition, with respect to each equine that I own, lease, ride, handle, use, or provide for any of The Activities (whether or not I am the one who is working with the equine), I agree to release and discharge Justin Mundt Horsemanship, Justin Mundt, and their respective clinicians, officers, directors, managers, members, employees, agents, assistants, representatives, assigns, and others acting on their behalf, of and from all claims, demands, actions, or causes of action (whether they occur now or in the future, and whether they are known or unknown), resulting from ordinary negligence of Clinician or of others associated with Clinician. This waiver and release is intended to apply at all times before, during, or after The Activities take place at any location that may result in injury, loss, or damage to this/these equine(s) and that may accrue from any cause whatsoever, including accidents, illnesses, theft, running away, and/or injuries that may occur before, during, or after any of The Activities.

5. INDEMNIFICATION. I also agree to indemnify and hold harmless Justin Mundt Horsemanship, Justin Mundt, and their respective clinicians, officers, directors, managers, members, employees, agents, assistants, representatives, assigns, and others acting on their behalf against all liability, claim, loss, action or expenses which are sustained, suffered, or incurred by any third person(s) that I may cause (directly or indirectly) while engaging in any or all of The Activities at any time and at any location in connection with my attendance or participation in the clinic or instructional activity with Clinician. ["Third persons" are any and all people who are not parties to this Agreement and includes, but is not limited to, my relatives, guests, other clinic participants, spectators, or visitors, etc.]. The indemnification shall include reimbursement of Clinician's reasonable attorney fees.

### Warning

**"A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**

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## Waiver, Release Of Liability, And Indemnity Agreement – Wisconsin (Continued)

6. *Helmets/Safety.* I agree to be responsible for my own safety. Wearing a helmet is my choice; Clinician has advised me that I should consider purchasing and wearing properly fitted and secured ASTM-standard (F 1163)/SEI-certified protective equestrian headgear when riding, handling, or when near equines. I am NOT relying on Clinician or anyone affiliated with Clinician to provide a certified equestrian helmet for me, to check any helmet or helmet 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 equestrian helmet and headgear, any other type of helmet or headgear, or if I choose not to, this is my decision alone.

7. *Emergencies.* Person(s) to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ Pager No.: \_\_\_\_\_

8. *Health and Physical Conditions.* Many physical conditions or disabilities pose special physical risks to the participant during exercise. Horseback riding, handling horses, and equine activities are exercise. I understand that Clinician recommends that I seek the advice of a physician before participating in any of the Activities. Also, I want Clinician to be aware of the following physical conditions I have that may affect my ability to ride an equine, handle an equine, be near an equine, and/or attend or participate in a clinic, program, or educational event:

9. *Use of Photographs or Videotapes.* By my signature below, I also irrevocably grant full permission for Clinician or others affiliated with and authorized by Clinician, to use and publish any photographs, videotapes, or electronic recordings taken of me, even if such use and publication is for commercial or promotional purposes.

10. *Independent Trainers/Clinicians/Instructors.* I am aware that independent trainers, clinicians, and/or instructors may occasionally do business near, or at the same time as, Clinician, but I understand they operate as wholly independent businesses and are not employees, partners, or in joint venture with Clinician.

### Warning

**“A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.”**

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## Waiver, Release Of Liability, And Indemnity Agreement – Wisconsin (Continued)

11. This Waiver, Release of Liability, and Indemnity Agreement is governed by Wisconsin law and is intended to be as broad and inclusive as Wisconsin law permits. This document can only be modified in writing and signed by me and Justin Mundt. Should any clause conflict with Wisconsin law, only that clause will be null and void and the remainder of this document shall stay in full force and effect at all times, now or in the future. Should I breach this Waiver, Release of Liability and Indemnity Agreement (or any part of it) I agree to pay the attorney's fees and court costs related to such breach incurred by Clinician and/or persons directly affiliated with Clinician. It is also mutually agreed that any disputes arising under this Waiver, Release of Liability, and Indemnity Agreement, or any activities that are undertaken pursuant to this document, shall be litigated in a State or Federal Court of proper jurisdiction located in or nearest to Dunn County, Wisconsin, where Clinician resides and transacts business, and I agree that this is a convenient location.

12. Also, I represent that (check each box below):

- I am at or over 18 years of age;
- I am of sound mind, and not suffering from shock or under the influence of alcohol, drugs, or intoxicants;
- I have read this entire waiver, agreement and release of liability (all five pages), and I fully understand it;
- I am aware that this document is legally binding and that by signing it I am giving up legal rights and/or remedies;
- I intend for this waiver, agreement and release of liability to be valid and binding today and at all times in the future; and the information I have provided in this waiver, agreement and release of liability is true and accurate.

Signature Of Contracting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Signature - Clinician  
(Or Clinician's Authorized Representative): \_\_\_\_\_

Date: \_\_\_\_\_

### Warning

**"A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**

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# Clinic Application

Stables address - N13551 CR F – Ridgeland, WI 54763  
Justinmundthorsemanship.com – 608-354-5371

## Safety Helmet/Protective Headgear Statement

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by Justin Mundt Horsemanship, a Wisconsin business, (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 the 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, any other type of helmet or headgear, or if I choose not to, this is my decision alone.**

**I HAVE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.**

SIGNATURE: \_\_\_\_\_

CLINIC PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

### Warning

**"A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."**



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## Release for the use of Photo, Name, and/or Story

I consent to the use of my picture, videotaped image or likeness and/or name and any related narrative by Justin Mundt Horsemanship in any news story, publication, video, training material or advertising of any kind or in any manner in which Justin Mundt Horsemanship may decide to use it.

I am 18 years of age or older and am competent to sign in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Clinic Application

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## General Information

### Clinic Check-In:

You may arrive one day prior to the clinic start date. You will be notified by Host Facility on where to check in, and at what times. Please have with you your copies of your current Coggins and valid Health Certificate for your horse; Justin Mundt Horsemanship will permanently keep these copies for their records.

**If you will be later than 5:00PM, please call the Host Facility and let them know.**

You will then be directed by the Host Facility on where to park your truck and trailer, and where you will be boarding your horse throughout the clinic.

### Basic Schedule:

**Clinic format could change without notice.**

#### *Morning Session:*

9:00 AM – 10:30 AM	Classroom
10:30 AM – 12:30 PM	Groundwork

**Lunch: 12:30 – 2:30**

#### *Afternoon Session:*

2:30 PM – 5:00 PM	Riding
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**Justin Mundt will be available daily from 8-9AM and from 5-6PM for additional instruction.**

This is extra time for you to get help if you feel like you're falling behind, need more specific help with a certain exercise or would like more critiquing. Justin wants to ensure that you get as much time as you need to succeed and that your clinic experience is above and beyond what you expect.



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## Other Important Information

- No hand guns or firearms of any kind are allowed on the Justin Mundt Horsemanship Ranch.
- Grain and hay will not be available or provided by Justin Mundt Horsemanship (Available for purchase locally at feeds stores, or made available by Host Facility).
- **Gaited Horse** - Your gaited horse will be required to canter during the clinic.
- **Pets** - No dogs or other pets are allowed at the ranch.
- **Video Taping** - We have a strict policy against videotaping at the ranch. This includes cell phones. If you are found videotaping anything on Justin Mundt Horsemanship property, your camera will be confiscated and you will be asked to leave the ranch.
- **Smoking** - The Justin Mundt Horsemanship Ranch is a smoke-free facility. If you are found to be smoking, you will be asked to leave.
- **Spectators** - No spectator tickets will be sold at Private Lessons. Each participant is allowed one helper (18 years or older) who will be admitted free of charge to the clinic.
- **Product Purchases** - Product will be available to purchase at the ranch. Please plan to make your purchases the day prior to the clinic or during lunch breaks.
- The same horse and rider combination are required throughout the duration of the clinic - No Exceptions.



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## Clinic Success Tips

**Take advantage of the success tips listed below to ensure that you and your horse have the best possible clinic experience learning The Mundt Method personally from Justin.**

- You will spend hours desensitizing your horse to the Training Stick and string throughout the clinic. Before you arrive, practice spanking the ground 100 times with each arm every day for 3 weeks prior to the clinic.
- Practice riding your horse on a loose rein at the walk, trot and canter every day for 30 days before coming to the clinic.
- Be honest with yourself and your riding ability. A Justin Mundt Horsemanship Clinic is not for a beginner rider. Even Fundamentals Level Clinics are not designed for those brand new to horses, learning how to ride. If you're a beginner, contact Justin Mundt for a private lesson or find a lesson barn in your area.

Remember, the more prepared you and your horse are, the more progress you'll experience.



