



# Private Lesson Participant Application

Mitch Gassen • Clinton Anderson Certified Clinician  
6710 Quartz Ave., Mayer, MN 55360  
mitch@downunderhorsemanship.com • 952-240-8521

## APPLICANT INFORMATION: *Complete a separate form for each applicant.*

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

Address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Sex: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ ☐ Female

Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ☐ Male  
Month / Day / Year  
(Applicants must be 18 years of age at start of clinic)

E-Mail \_\_\_\_\_

Participated in Previous Downunder Horsemanship Clinics? ☐ Yes ☐ No Or Private Lessons? ☐ Yes ☐ No

If Yes - Date(s) Participated: \_\_\_\_\_

Are you an NWC Member? ☐ Yes ☐ No

## PRIVATE LESSON DETAILS: (50% of fee due at sign up)

Dates:	# of Days x \$1,250/day	Total Price:
Total =		\$

I understand I am responsible for all travel expenses, including but not limited to: airfare, lodging, meals, rental car, parking and mileage.

## PAYMENT METHOD:

- ☐ Check      Make all payments to:
- ☐ Money Order      Mitch Gassen
- ☐ Cashiers Check      6710 Quartz Ave.
- Mayer, MN 55360

## HORSE INFORMATION:

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

Name \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Breed \_\_\_\_\_

Overnight Stabling Required? ☐ Yes ☐ No

# of Nights \_\_\_\_\_

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

## POLICIES:

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

Absolutely NO VIDEO CAMERAS or RECORDING.

**Other Policies:** No Stallions, Mules or Donkeys allowed. Appropriate footwear is required at all times during your private lesson.

**By signing here, I acknowledge and agree to the above policies.**

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



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## Medical History and Emergency Contact

Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Private Lesson Dates: \_\_\_\_\_

### Contact in Case of Emergency:

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

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

Has your doctor placed any restrictions on your activities? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are there any reasons why you should not participate in the lesson offered ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you have any allergies? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

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

	Yes	No	Explanation		Yes	No	Explanation
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"/>	_____				

☐ I acknowledge the private lesson will be physically demanding and I am able to participate.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Private Lesson Requirements and Checklist

### My Personal Details:

- ☐ I understand that this is a physically demanding private lesson. I am healthy and able to participate in the private lesson.

### My Riding Ability:

- ☐ 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.

### 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.

### Required Equipment:

*I understand that I need to have the following equipment in order to participate in the private lesson. I understand that the Clinician will not bring product that is available for purchase.*

- ☐ 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 Rope 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.

There are specific issues or concerns I have regarding my riding ability or my horse's ability. These are detailed below:

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I certify that I have read the requirements and information presented to me above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Private Lesson Policies

### Personal Photos:

Photos are meant to be for your personal use only, not for commercial purposes or public viewing. Absolutely no video cameras or recording.

### Other Policies:

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

### Payment Policy:

50% of fees are required at sign up. Private lesson must be paid in full 30 days prior to start date. This includes all travel expenses.

### Travel Expenses:

All travel reservations are made by the Clinician. Every effort to find the most reasonable and cost effective method of travel is made for each private lesson. The Clinician offers the option of lodging with the private lesson host to reduce cost. Also, the host may provide transportation to and from the airport. Host is responsible for Clinician's meals. A standard \$150 fee is added to travel expenses for parking and mileage to the airport. The Clinician will work with each private lesson host on these details.

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

### Application Policy:

This application needs to be completed by each participant in the private lesson and provided to the Clinician 30 days prior to the private lesson start date.

By signing, I acknowledge and agree to the above policies.

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Signature

Date