

JULIE B. WINKEL
425 W. Laramie Dr.
Reno, NV 89521
(775) 742-4615
mwstables@aol.com

LETTER OF AGREEMENT

I, Julie Winkel, agree to teach a Riding and Jumping Clinic organized by _____ at _____
(venue) _____ located _____
(city) _____ (state) _____ on _____
(dates) _____.

In return for my services I will be compensated a daily minimum of \$2,500 plus \$125 per rider per ride for more than 20 riders. In addition, I will receive reimbursement for my out-of-pocket expenses for travel and be provided with a hotel room. If the clinic is canceled for any reason within 30 days of the date scheduled the organizer agrees to pay any travel costs I have already incurred in addition to a minimum cancellation fee of \$1,000. **A non-refundable deposit in the amount of \$1,000 is required to secure the dates.**

In scheduling riders for the clinic I request that the following be adhered to:

1. Grouping of various experience levels of horse/rider combinations to the greatest degree possible.
2. The number of riders per group will never exceed eight (five or six is preferable).
3. The number of groups per day will not exceed four without my express permission in advance.
4. A hands-free PA system is required for the clinician.
5. The schedule will be organized in three two-hour sessions, or four 1 1/2-hour sessions.
6. The start time will not be scheduled before 8 a.m., nor the finish time later than 5:30 p.m. without my prior agreement.
7. The obstacles will be set up prior to my arrival according to a plan that I will send. Also, a minimum of one person, with the capability of moving and adjusting the obstacles, will be assigned to assist me during each session.
8. Before the clinic begins, an insurance waiver, provided by me, will be signed by each rider, or parent/guardian in the case of minors.

Agreed to by: Julie Winkel,
Clinician _____ Date: _____

Agreed to by: (Print
Name) _____
(date) _____
Address: _____

Telephone: _____

Email: _____