

Dr. Mike Guerini Clinic - Hastings Saddle Club - Schedule

Friday April 7, 2017

Lessons (\$40 each) - schedule to be determined

Saturday April 8, 2016 8:30 am start time – end at 5:00 pm (last 30 minutes will be review)

- Paperwork and Introductions
- Balance and working on coordination of legs and hands
- Working with Rein Tensionmeter to understand rein contact
- Ground work for gaining flexibility and suppleness (Dr. Mike's Ground Steps to Success)
- Learning footfalls and how to change balance of the footfalls of the horse while on the ground
- In-Hand trail pattern course to test our ground work.
- Demonstration of working on proper lunge methods.

LUNCH --- 1 hour

- Saddle Time -- Basic movements review
 - Walk, Whoa, Back, Trot, Turn on Forehand, Turn on Haunches
- Connect your hands to the horse's feet with work on Footfalls
 - Use ground poles and cavaletti to help with footfalls and balance
- Working on transitions fro walk to trot
- Riding circles and squares and triangles for balance development of horse and rider
- Review of Day 1

Saturday Youth clinic 5:30 to 6:45 pm (organized by Lynetta Snelling)

Sunday April 9, 2016 9:00 am start time – end at 4:00 pm

- Review of equine massage, stretching and accupressure for the equine owner
- Warm-up ground work to check flexibility and suppleness (with saddle on - we call this the pre-ride check – in-hand ground work)
- Guiding your horse to stretch through walk and trot to enhance longitudinal flexibility
- Review of 15 riding exercises to develop Suppleness and Responsiveness for each horse and rider.

LUNCH --- 1 hour

- Work on trail obstacles
- Trot, extended trot, lope, and extended lope work (if appropriate for the horse/rider).
- 10 to 15 minute individual session with each rider (fine tuning our learning)
 - All are encouraged to watch and learn from each individual session.
- Review of Day 2

Nebraska 2017

Dr. Mike's Horsemanship
www.dunmovinranch.com



Youth Clinic Hosted by: Hastings Saddle Club

Location: Hastings Fairgrounds

5:30 pm to 6:45 pm on April 8, 2017

No COST
Limit 12 youth

Clinician: Dr. Mike Guerini

Contact Lynetta Snelling at 402-756-7208 for questions or to sign up.

Youth Clinic

- **Improve your balance skills and independence of aids for success and improving your rein management (~20 minutes)**

Working on balance barrels, rider position, and rein management

- **Ground work for success**

Practice your skills for halter, showmanship and to better understand how our horses moves (~20 minutes)

We will have a challenge to see how to move each front foot independently
Squaring up halts, walk and trot with horses and execute smooth turns.

- **Riding for success and being soft and supple (~30 minutes)**

We will work on transitions from Walk to Trot and back to Walk
We will work on improving our circles and turns and connecting our hands to
To the feet of the horse and riding with correct aids.

Dr. Mike teaches horsemanship from the ground up. A strong foundation of understanding how your horse moves and moves is the key to success. Ground work develops into a strong riding foundation. The clinic includes developing skills based on Classical Horsemanship from Dressage and the Western Tradition along with Natural Horsemanship respect for the horse.

All Youth must have a Hold Harmless Agreement filled out by a parent or guardian in order to participate

DUN MOVIN RANCH
MICHAEL N. GUERINI

Gilroy, California

PARTICIPANTS HOLD HARMLESS AGREEMENT

THE UNDERSIGNED STATES AS FOLLOWS:

I, _____, hereby acknowledge that competitive and pleasure horse riding and training contain inherent risks of injury and damage to me personally, to my horse, and to my equipment. Knowing these facts, I, nevertheless, in consideration to your acceptance of this form, hereby, for myself, my heirs, executors, and administrators waive, release, discharge and hold harmless Michael N. Guerini, Dun Movin Ranch, and all other persons and organizations in any way affiliated with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs, executors, administrators, and assignees from any and all right, claim, or liability for damages or for any and all injuries that might be sustained by me including injuries to animals for from any and all claims of any kind or nature that I might have as a result, or arising out of my participation, caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless Michael N. Guerini, Dun Movin Ranch, against all claims, demands, and causes of action including court costs, attorney fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted for my benefit contrary to this release extended to all claims of every kind and nature whatsoever whether known or unknown and expressly waive any benefits that I may have.

I do acknowledge that I have read the foregoing paragraph and know and understand the content thereof.

Signature: _____ Date: _____

As an adult (over 18 yrs of age) I decline to use an ASTM/SEI certified helmet during riding activities: Initial _____

Print or type the following information. It must be legible.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Location of event: _____

MINORS MUST HAVE THE LIABILITY SIGNED BY THEIR PARENTS OR LEGAL GUARDIAN(S):
ALL MINORS MUST WEAR AN ASTM/SEI CERTIFIED HELMET DURING ALL RIDING ACTIVITIES.

I (We), the undersigned, parents of _____ for and in consideration of participation of said minor child have read the waiver, release, and hold harmless agreement written above and we expressly agree with the terms and conditions of said waiver above, and we expressly agree that the terms and conditions of said waiver, release and hold harmless shall apply to and be binding upon us and our minor child insofar as it pertains to his or her participation and to any injury or damage said minor child or his or her horse may sustain or cause as a result of said participation. We further warrant that we have health and accident insurance on said minor. I (We) declare under penalty of perjury that the foregoing is true and correct.

Name of Parents(s) or Legal Guardian(s): _____

I do acknowledge that I have read the foregoing paragraphs and know and understand the content thereof.

Signature: _____ Date: _____

Please print name: _____