



NEXT LEVEL HORSEMANSHIP™
IMPROVE YOUR HORSE. IMPROVE YOUR LIFE.

Mail Applications To:

Next Level Horsemanship™
790 Shady Dell Road
Port Matilda, PA 16870

NLH™ Internships Application

All information on this application will remain confidential. The information gathered is intended to give NLH™ a basis for selection of applicants and to provide the applicants with the best possible learning experience if selected to the Program. Please direct any questions to clinics@nextlevelhorsemanship.com.

Please indicate the term for which you are applying:

Year _____

Spring: January -June

Summer: May-August

Fall: July-December

Year: January-December

Month: Preferred Month _____

Applicant Information:

Name: _____ Age: _____ Gender: M F

Address:

Street: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone #: (_____) _____ Cell #: (_____) _____

Fax #: (_____) _____ Website: _____

Emergency Contact Information: Please list the name and contact information for someone who can be contacted on your behalf in case of an emergency:

Name: _____ Relation to Applicant: _____

Phone: _____

Address: _____

Hindrances:

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Do you have any injuries or deficits that you feel may inhibit your ability to perform the physical activities of horse training, showing, or barn management duties including feeding, turnout, cleaning stalls, colt starting, riding, etc? If so, please describe below:

Do you have any allergies? If so please list:_____

Have you even been convicted of a felony crime?_____

Are you currently or will you be taking any medication during your term at NLH™ that may impair your ability to work with or around horses and people?_____

Experience and Education:

What is your highest level of formal education?

High School College Graduate School Trade School

Apprenticeship

How would you describe your level of experience with horses?

Beginner Intermediate Advanced Professional Trainer

Rate your level of confidence with horses. (1=very low; 5=very high) 1, 2, 3, 4, 5

Do you currently have a horse related job?

Describe:_____

Please provide a description of your horse related experiences that are directly relevant to this internship. For example, provide any information on your horse

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training experience (non-pro or pro), other internships or apprenticeships in which you have participated, horse related certifications you may have or clinics you attended: (attach separately if additional space is required).

Personal Statement:

Please describe what you are hoping to receive most from the NLH™ Internship experience. Include your preferred area of interest with horses and/or the equine industry and describe what you would like most from the internship in terms of meeting your goals.

Self Assessment:

What are your strengths?

What are your weaknesses?

Note to Applicant:

The NLH™ Internship Program seeks to educate students on the fundamentals of equine behavior and applied training techniques of the NLH™ Training Program. In addition, the Internship Program provides opportunities for students to learn other important aspects of running an equine business in areas of marketing, business and farm management, program development, showing, etc. When available, opportunities with equine industry partners will be presented to students and offered for their participation. The work, though extremely rewarding, is difficult, demanding, and often stressful. Please apply only if you are serious about making a difference in your education with horses and if you feel strongly that you can commit to a schedule that can be physically, mentally and emotionally demanding.

Horse Information: If you intend to bring your own horse please provide the following information:

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Age: _____ Breed: _____ Name: _____

Discipline typically ridden: _____ Gaited: ___Y___N

Owner (if different than applicant:) Name: _____

Address: _____ Phone: _____

Date of Negative Coggins: _____ Please bring a current copy of this documentation. Appropriate health certification is also required (valid within 30 days of arrival) if traveling from out of state. All horses should be current on region specific vaccines and de-worming.

Inclusions:

All participants of the NLH™ Internship Program MUST provide proof of personal health insurance. Please make a copy of these forms to submit with your registration.

References:

Complete information for three references must be included with this application. Make sure to include name, phone number, and the address for each reference as well as the capacity in which they can attest to your abilities and character. (The relationship of each reference to you.)

RELEASE OF LIABILITY: (SIGNATURE REQUIRED)

The following document describes the terms of liability release that participants must assume when selected to participate in any NLH™ sponsored event. It is important to note that this release from liability is designed to hold harmless Next Level Horsemanship™, a division of Myers Stables, LLC and any venues, host facilities, participants, sanctioning bodies, employees, volunteers, agents, officers, directors, vendors, sponsors, or advertisers associated with any NLH™ events harmless of any risk, injury, accident, or incident.

Please indicate the you agree to and have read the above statement and then read and sign the release from liability contract that follows:

Signature of participant (rider): _____

AN AGREEMENT AND RELEASE FROM LIABILITY CONTRACT

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PLEASE READ THIS DOCUMENT CAREFULLY

This AGREEMENT AND RELEASE FROM LIABILITY is entered into on this _____day of _____, in the year _____, by and between Next Level Horsemanship™ (NLH™), a division of Myers Stables LLC, and _____ (PARTICIPANT). In exchange for participation in any NLH™ sponsored Event, the Participant, his/her heirs, assigns and legal representatives, hereby expressly agree to the following:

1. I agree that horseback riding and all equine activities are inherently dangerous activities **AND** that these activities will expose me to above normal risks of bodily injury and/or death.
2. I agree that I am responsible for my own safety while engaging in any and all equine activities during the NLH™ Internship Program and at any and all host facilities and/or venues in which an NLH™ Event is held.
3. I understand the risks involved in equine activities and **I AGREE TO ASSUME ANY AND ALL RISKS INVOLVED IN PARTICIPANT'S USE OF OR PRESENCE UPON ANY PROPERTY AND/OR FACILITIES WHICH HOST AN NLH™ EVENT** while engaging in any equine activity without limitation and including the risks of death, bodily injury, property damage, falls, kicks, bites, unavailability of emergency medical care, and/or the ordinary negligence and/or deliberate act of another person.
4. I agree that Next Level Horsemanship™, its agents, and employees, or volunteers are **NOT** liable for any injury to or the death of participant who may engage in equine activities resulting from participation in the NLH™ Internship Program or a NLH™ Event.
5. I agree to hold Next Level Horsemanship™, and any venues, host facilities, participants, sanctioning bodies, employees, volunteers, agents, officers, directors, vendors, sponsors, or advertisers associated with any NLH™ Internship Program experience or NLH™ Event completely harmless of any risk, injury, accident, or incident arising from participation in a NLH™ event including acts of ordinary negligence, associated with any equine activity and release them from all liability whatsoever should any such act occur.
6. **I AGREE NOT TO SUE** Next Level Horsemanship™, and any venues, host facilities, participants, sanctioning bodies, employees, volunteers, agents, officers, directors, vendors, sponsors, or advertisers associated with the NLH™ Internship Program or any NLH™ Event in association with **ANY** claims, damages, costs, or expenses arising out of Participant's use of or presence upon **ANY PROPERTY AND/OR FACILITIES WHICH HOST A NLH™ EVENT** or NLH™ Internship Program activity while engaging in any and all equine activities including those based on death, bodily injury, and property damage, unless the damages are caused by the direct, willful and wanton gross negligence of said parties.
7. I agree to acknowledge and abide by all rules and regulations pertaining to any and all equine activities occurring at a NLH™ Event, or during the NLH™ Internship Program and I agree that I (Participant) am responsible for wearing protective gear I deem appropriate for equine activities to ensure my own safety while engaging in such activities.

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8. Participant agrees that this agreement and release of liability is a contract that when signed will be legally binding to all parties, subject to the above terms and conditions and shall be enforced and interpreted under the laws of the state in which the NLH™ Event is held.

****** I have read and understand without question, this agreement and release of liability contract before having signed below.**

X _____
Participant's Signature

Permission to Photograph

I the undersigned agree that photographs and/or video may be taken of me during my participation in any Next Level Horsemanship™ sponsored event or Internship experience and that these photographs and/or videos may be used as promotional materials by Next Level Horsemanship™ and Myers Stables, LLC in public media. I hereby give my permission for the above described activities.

Name (please print) _____

Signature _____

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