



**Lyons Legacy-**  
"building relationships beyond just horse training"

Josh Lyons LLC.  
8606 Guthrie Court  
Cross Plains, TN 37049  
Clinic Coordinator: (970) 309-8838  
Office: (615) 379-1056  
[www.LyonsLegacy.com](http://www.LyonsLegacy.com)

## 2015 Clinic Application

Josh Lyons LLC • 8606 Guthrie Court • Cross Plains, TN. 37049  
www.LyonsLegacy.com • (C): 970-309-8838 • (O): 615-379-1056

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Please email or mail each  
**FULLY** completed page

**Programs Coordinator:**

Michele Lenard  
970-309-8838  
(for questions about the clinic or to sign up)

**Office:**

615-379-1056  
(to pay your clinic balance or billing inquiries)

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# APPLICANT INFORMATION

<b>Name:</b>					
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Country:</b>					
<b>Cell Phone:</b>			<b>Email:</b>		
<b>Date of Birth:</b>			<b>Sex:</b>		
Dates	Course	Attending	Price	Total	Notes
March 2-6	<b>5-Day</b> Trainers Clinic	<input type="checkbox"/>	\$1,000		
	<b>3-Day</b> Clinic	<input type="checkbox"/>	\$750		
November 2-6	<b>5-Day</b> Trainers Clinic	<input type="checkbox"/>	\$1,000		
<b>Auditors</b>	Any Clinic	<input type="checkbox"/>	\$25/Day		
<b>Stall Fees</b>	Any Clinic	<input type="checkbox"/>	\$80		Price includes 3 bags of shavings. Owner responsible for additional shavings if needed.
<b>Lyons Legacy Horse Rental?</b>	<b>Check One</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		\$300		Per Clinic
<b>RV Site</b>	3-Day Clinic	<input type="checkbox"/>	\$90		
<b>RV Site</b>	5-Day Clinic	<input type="checkbox"/>	\$150		
<b>Credit Card Fee, if applicable:</b>					<b>U.S. Credit Cards:</b> 3% of total <b>Canada:</b> 5% of total
<b>TOTAL Due:</b>					
<b>Deposit Included:</b>					

PAYMENT METHOD:	
Check #	
Visa    Master Card    Discover    (circle one)	
Cardholder Name:	
Card#:	
Exp. Date:	CVV Code:
Signature:	

HORSE INFORMATION (No Stallions)
Name:
Age:
Sex:
Breed:
Current Negative Coggins & Valid Health Certificate

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# POLICIES

**Horse & Rider:** The same horse and rider combination who sign up for the clinic is the only horse and rider team to participate through the duration of the clinic. Please only bring one horse with you to the clinic.

**Personal Photos / Videos:** 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 photos taken of Josh & Jana Lyons, staff, family, or anyone else at the Lyons Legacy Training Facility without written permission from Josh Lyons LLC. and the person or people in the photo. Josh Lyons encourages students to write down lessons, use videos as necessary but remember this information for you and not for public viewing.

**Other:** No dogs permitted. No stallions unless permitted by Josh Lyons himself. Applicants must be 18 years old or be with a guardian or have special permissions from Josh Lyons himself.

**Payment Policy:** Completed and signed application with \$350 non-refundable deposit ensures participants reservation in the clinic. Remaining payment will be due Thursday prior to the clinic.

**Cancellation Policy:** Josh Lyons LLC. reserves the right to cancel a clinic due to unforeseen circumstances in this case you are entitled to a full refund or transfer. If Josh is unable to teach a clinic due to extenuating circumstances, he may elect a Lyons Trainer to teach the clinic on his behalf, no refunds or discounts will be given.

**Refund Policy:** Non-refundable deposit to reserve your spot in the clinic. If you pay the clinic in full and are unable to attend the clinic we will refund your money minus the non-refundable deposit.

**Transfer Policy:** If you pay the non-refundable deposit of \$350 and are unable to attend the clinic, you have one calendar year to transfer to another clinic of your choice as long as there is a spot available.

**Spectators:** Auditors are authorized to attend for a daily fee. They must bring their own seating to the clinic.

**Shavings:** Josh Lyons LLC. provides you with 3 bags of shavings in your stall upon arrival. You will be responsible for purchasing any additional shavings and hay needed during your stay from the local feed stores, delivery is available. We do not have shavings or hay available for purchase at the facility. Please clean or strip your stall upon departure.

**Lyons Legacy Horse Rental:** Josh Lyons LLC has a limited number of horses available for an additional cost of \$300 per clinic. Participants who lease one of our horses are expected to care for their leased horse during the clinic. However Josh Lyons LLC. will provide the feed, veterinary, and farrier care for all of our leased horses. Those participants who choose to lease a horse will be required to bring their own saddle and pad. Josh Lyons LLC recommends you ship your saddle prior to the clinic so it is here upon your arrival. Please contact us to make necessary arrangements if leasing a horse for a clinic.

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

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

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# 3-DAY CLINICS

### **Clinic Curriculum**

During a 3-Day clinic, riders and horses will learn the foundation exercises, lessons and principles of the Lyons Method. Riders will first and foremost learn to effectively control their horse better. From trail rider to experienced competitor, all riders simply want to improve the control they have of their horses. We are here to help you take your horsemanship to the next level.

### **Rider Level: Beginner - Advanced**

Every clinic is customized to the riders! No matter what your riding level, every lesson is tailored to skills you and your horse need. Many lesson principles are the same for a variety of skill levels. Josh will show you how to adapt each lesson and make your horse confident and eager to learn.

### **Horse Level: Green - Advanced**

Wondering which horse to bring or worried your horse is too green for a 3-Day Clinic? As long as your horse has been ridden at a walk, trot and lope, he is perfect for a 3 Day Clinic! So bring your favorite seasoned horse or bring the horse that needs the most improvement. A Josh Lyons 3 Day Clinic is ideal for creating habits of learning for you and your horse.

Invest in yourself and your horse by riding in a clinic and expect to leave with deeper understanding as well as a better trained horse.

Don't be afraid of signing up because you feel you are not ready. Josh's clinics are designed to be safe, motivating and effective whether you've been riding for one month or 20 years.

### **Topics Covered**

The list of topics covered during a 3 Day Clinic is determined largely by the goals of the riders. The clinics are kept small enough that no question is overlooked or ignored and plenty of hands-on and one-on-one training is available.

- Bridle work
- Hip Control
- Speed changes
- Diagonals
- Problem solving to teach tricks

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# 5-DAY CLINICS

### **Clinic Curriculum:**

Josh specializes in taking a horse and rider team to their top level of performance through understanding the use and engagement of the horse's body. Not only will you achieve your goals, but you will also have new training tools to take home and continue your training on your own. The amount of knowledge you will have at your disposal is literally bottomless! When you ride in a 5 Day Clinic, you and your horse will work hard, laugh and share the challenges of the other riders. None of us are there to compare each other, so don't feel you are not ready to train in a clinic with Josh! The clinics are designed to be safe, motivating and effective.

### **Rider Level: Intermediate- Advanced**

This clinic is for riders actively riding and training their horse. You don't have to be a professional rider/trainer for this clinic but our goal is to build on a solid foundation and horsemanship skills. A 5 Day Clinic gives you and your horse enough time to make giant strides in horsemanship control. Josh breaks the lessons down into workable, easy to follow steps, teaching you a safe and humane way to gain your horse's respect and reach your riding goals.

### **Horse Level: Broke – Advanced**

Bring your horse that has a solid foundation in order to focus on performance and to obtain advanced maneuvers. When you enroll in a 5 Day Clinic, expect to see the maximum amount of change from you and your horse! Each day gives you and your horse the time it takes to participate in numerous training phases. During the clinic, your horse will learn how to learn – this process takes time.

### **Topics Covered**

You and your horse will have access to the information and lessons you need to reach your next level, no matter what your current abilities may be.

- Speed Control
- Shoulder and Hip Cues
- Diagonals
- Lead Departures and Lead Changes
- Head Elevation and Frame
- Improving Stops and Back-Ups
- Improving Your Seat And Hands
- Plus Much More!

The Josh Lyons Performance Series DVDs can give you an idea of the principles and lessons covered during a clinic. But don't feel discouraged from signing up if your horse isn't as far along as Josh's horses on the video.

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# REQUIREMENTS AND CHECKLIST

- I understand that this clinic is physically demanding. I am healthy and able to participate.
- I understand I am responsible for the health, care, feeding, and cleaning stalls of my horse during my stay.
- I understand that my stalls have new shavings upon my arrival. If I need additional shavings I can purchase them at the local feed stores. Shavings and hay are not for sale at the training facility.
- My horse is not a stallion (if so, you must have special permission from Josh Lyons himself)
- My horse can walk, trot, and canter safely in a group setting.
- I agree to bring with me a copy of my horses' negative Coggins upon check-in.
- I agree to bring with me a copy of my horses' health certificate upon check-in.
- I understand I need to arrive by 5:00pm the day before the clinic begins.
- It is understood that due to the nature of horse training and handling in general, accidents can occur. I am advised to wear a protective helmet for my own safety and to put protective boots on my horse.
- I agree to pay my balance the Thursday prior to my clinic.
- I agree to leave the Training Facility by 7:00pm each night.

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

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

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# EMERGENCY INFORMATION

Date Signed: \_\_\_\_\_ City: \_\_\_\_\_

Clinic Date: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Age: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Please list any health problems in the last two years:

\_\_\_\_\_

\_\_\_\_\_

Please list any medication that you are presently taking:

\_\_\_\_\_

\_\_\_\_\_

Please list person/persons to notify in case of an emergency. Include name/names, addresses and all phone numbers (including cell phone) for both day and night:

**Please Print Clearly!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the surgeries that have had, if in fact it pertains to your back, neck, arms and legs:

\_\_\_\_\_

\_\_\_\_\_

Do you feel any of your health problems or prior surgeries, inhibits you from participating in this clinic safely? (check one) **YES** \_\_\_\_\_ **NO** \_\_\_\_ If your answer is YES, you will need a doctor's release to participate in this hands-on training clinic.

Please write below:

**"I have read and understand this emergency information form in full  
and realize that this is a group riding clinic and I CAN safely ride my horse."**

\_\_\_\_\_

\_\_\_\_\_

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



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# HORSE DISCLOSURE

Signature of Rider: \_\_\_\_\_

Clinic Location & Date: \_\_\_\_\_

The horse you bring to the clinic must be able to walk, trot and canter under saddle, and must be able to tolerate the presence of other horses and riders. The more riding time on the horse has, the better. Stallions are not preferred. Please leave them at home and choose another horse. If you have a choice of horses, please bring the horse you are most comfortable with and the one that is the most broke. What you will learn at the clinic you will be able to take home and apply to all your other horses. These criteria will make your clinic experience more enjoyable and the training will be that much easier for you and your horse.

Name of horse: \_\_\_\_\_

Sex of horse: \_\_\_\_\_

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

**Personality of my horses:** (Please use the back of this paper if you need more room.)

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**Please Check YES or NO to the following:**

	<b>YES</b>	<b>NO</b>
Does your horse bite?	<input type="checkbox"/>	<input type="checkbox"/>
Does your horse kick?	<input type="checkbox"/>	<input type="checkbox"/>
Does your horse buck?	<input type="checkbox"/>	<input type="checkbox"/>
Does your horse get along with other horses and riders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe your horse is suitable for this clinic?	<input type="checkbox"/>	<input type="checkbox"/>

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## RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (TENNESSEE)

This form must be completed by and for each participant

**STABLE NAME** \_\_\_\_\_ **hereinafter known as "THE STABLE"**  
**LOCATION OR ADDRESS** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**  
**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.**  
**THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.**

**A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntary request and agree to participate in riding instruction as a student at THIS STABLE, and that this student will either ride his/her own horse, or school horses provided by THIS STABLE for instructional purpose, today and on all future dates:

Rider Name	Age (If under 21)	Weight Over 240#'s	Horse Riding Experience (Check one which applies)
1.	_____	_____ YES _____ NO	____ Beginner (under 10 hours) ____ Over 10 Hours

Does this rider have any disabilities and/or special needs, which may effect his/her safety and ability to ride a horse, of which we should be aware?

**YES NO (Circle One) if "yes", how can we help this rider with his/her special needs?**

**B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. any disputes by the rider shall be litigated in, and venue shall be in the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. the terms "STUDENT and/or RIDER" shall herein refer to a person the parents or legal guardians thereof if a minor.

**C. ACTIVITY RISK CLASSIFICATION I UNDERSTAND THAT:** Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities and approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

**D. NATURE OF THIS STABLE'S SCHOOL HORSES I UNDERSTAND THAT:** THIS STABLE chooses its school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and THIS STABLE follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; shifting its weight; bucking; Kicking; Biting; or Running from danger.

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### PAGE 2 - RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (Cont.)

**E. RIDER RESPONSIBILITY:** I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. THIS STABLE advises pregnant women not to ride horses.

**F. CONDITIONS OF NATURE AND INSPECTION OF PREMISES:** I UNDERSTAND THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lighting, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. the rider and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage and presence upon THIS STABLE'S PREMISES.

**G. SADDLE GIRTHS/NATURAL LOOSENING I UNDERSTAND THAT:** Saddle, girths (saddle fasteners around horse's belly) may loosed during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

**H. ACCIDENT/MEDIAL INSURANCE I AGREE THAT:** Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.

**I. PROTECTIVE HEADGEAR WARNING I AGREE THAT:** I for myself and on behalf of my child and/or legal ward been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be purchased and worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.

**J. LIABILITY RELEASE I AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), or and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause for any economic and non-economic losses due to bodily, injury, death, property damage, sustained by me and/or my minor child or legal relation to the premises and operations or THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

This Voluntary Waiver Agreement is made and entered into in the State of Tennessee and shall be enforced and interpreted under the courts and laws of the State of Tennessee.

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### PAGE 3 - RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (Cont.)

## "WARNING"

"Under Tennessee law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.

**All Riders and Parents or Legal Guardians must  
sign below after reading this entire document:**

### SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK.  
I/WE FURTHER ATTEST THAT ALL THE FACTS RELATING TO THE APPLICANTS PHYSICAL CONDITION, EXPERIENCE & AGE ARE TRUE AND ACCURATE.

\_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF RIDER (Spouses must sign for themselves.)**

\_\_\_\_\_ for \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1 NAME (Please Print)**

\_\_\_\_\_ for \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2 NAME (Please Print)**

**Address in full:** \_\_\_\_\_

**Home Phone#:** \_\_\_\_\_

**Bus. Phone #:** \_\_\_\_\_

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# MEDIA RELEASE FORM

I grant permission to Josh Lyons LLC, and its subordinates, to use my name, videos, and/or photographs for use in Josh Lyons LLC, publications and productions, such as, but not limited to recruiting brochures, newsletters, and magazines, and to use my name, videos, and or photographs on display boards, and to use my name videos, and/or photographs in electronic versions of the same publications or on the Josh Lyons LLC, website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs, videos or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph or videos.

I hereby agree to release, defend, and hold harmless Josh Lyons LLC, and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

### **Please check the paragraph below which is applicable to your present situation:**

\_\_\_\_ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**Name (please print):** \_\_\_\_\_

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

**(City, State/Province, Zip/Postal Code):** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of parent or legal guardian (if under 20 years of age):**

Please return the completed form to:  
Josh Lyons LLC.  
8606 Guthrie Court • Cross Plains, TN. 37049

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# GENERAL INFORMATION

### CLINIC CHECK-IN

- Please check in by 5:00pm the day before the clinic begins.
- Please provide a copy of your current coggins and Health Certificate to give to our staff. Please do not give originals.
- Our check-in crew will guide you to your stall and trailer parking.

### BASIC SCHEDULE

- Start Time: 9:00 am
- Please meet in the classroom in the barn for discussion and instruction from Josh.
- Lunch 12:00-1:30 pm Lunch Break
- (microwave and refrigerator available for students)
- 4:00 pm End of the day  
During your clinic there will be times of watching demonstrations by Josh Lyons, groundwork, and riding work.

- **Office Hours: 9:00am-4:00pm Monday-Thursday;** Education & Training Products can be purchased during these hours.
- Facility Hours: 7:00am -7:00pm daily (this allows the horses to rest )
- This clinic will be limited to 15 riders
- Clinic will start @ 9:00 am -4:00 pm with a 1 ½ hour lunch. (Riders will need to be flexible with the schedule it will depend on riders and their horses.)
- Making sure your horse is fit will be important as these days will be physically challenging.
- Participants will be responsible for the care and feeding of their horse.
- Early arrival is permitted the day before the clinic begins. Please arrive between 9:00am – 5:00pm. If you arrival earlier than the day before or stay longer than the day after stall fees are \$20 per day.
- You must have current health papers showing current immunizations and or a current veterinarian's health certificate and a negative Coggins test. Please have a copy for our office - keep your original paper work.
- Please be courteous, this facility is also our home. We would appreciate it if everyone would please stay at the training facility only.

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# **FACILITY ADDRESS & DIRECTIONS**

### **Lyons Legacy Training Facility:**

8606 Guthrie Court • Cross Plains, TN. 37049

### **Directions:**

- From Interstate I-65
- Exit at Cross Plains Exit 112 and turn East on Hwy 25 E - Exit 112
- Turn Left US-31 W SR 41 Highway 31 W
- Turn Left onto Guthrie Court  
(not to be confused with Guthrie Road go past Guthrie Road)
- Go to the end of the road, Entrance is the last place on right
- Take the 8606 Facility Entrance to the Lyons Legacy Training Facility

### **Important Numbers:**

- Office: 615-379-1056
- Events Coordinator: 970-309-8838
- Jana Lyons: 970-260-4170

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# ACCOMMODATIONS & ARRANGEMENTS

### Local Rooms for Rent

Kathy Durham – 615-319-3663  
Jamie Crecelius – 615-406-7186

### Hotel

Holiday Inn Express (8 miles S)  
206 Knight Circle White House, TN  
615-672-7200 Offer a discount for Students

Comfort Inn (8 miles S)  
340 Hester Dr. White House, TN.  
615-72-8850

Days Inn White House (8 miles S)  
1009 Highway 76 White House, TN. 37188  
615-672-3746

Comfort Suites (6 miles NW)  
9239 E Old Highway 52 Orinda, TN.  
615-325-8887

### RV Parks

Owl's Roost Campground (11 miles S)  
7267 Bethel Rd. Goodlettsville, TN  
615-643-1900

Nashville Country RV Park (16 miles S)  
1200 Louisville Hwy. Goodlettsville, TN  
615-859-0348

### Feed Stores

Rubinsville Farmers Feed Mill  
Corner of Hwy 31W and Hwy 52  
(615) 325-3651

Tractor Supply Co  
1075 South Main Street  
Franklin, KY 42134  
(270) 586-4333

### Veterinarian

Snodgrass Veterinary Medical  
6000 Scottsville Rd.  
Bowling Green, KY. 42104  
(270) 781-5041  
www.snodgrassvetmed.com

### Farrier

Dan Gibson  
615-210-3600



## 2015 Clinic Application

Josh Lyons LLC • 8606 Guthrie Court • Cross Plains, TN. 37049  
www.LyonsLegacy.com • (C): 970-309-8838 • (O): 615-379-1056

# SUGGESTIONS



### Items to Bring With You:

- Chair for observing
- Notebook for taking notes
- List of questions you may have for Josh
- A SMILE & GOOD ATTITUDE
- Camera and/or video device



### For your Horse:

- Hay and/or grain
- Shavings
- Manure bucket and manure fork
- Small water hose
- Water buckets
- Grain buckets or tubs



### Recommended Equipment:

- Protective boots for your horse
- Bridle with full cheek snaffle bit
- Saddle
- Saddle Pads
- Lariat
- Dressage whip
- Helmet, *if wearing one*
- Grooming Equipment
- Any liniments you may need to relax your horses muscles (shampoos are great)