

2017 Centered Riding & Horse Agility Clinic Registration Form

Clinician-Heidi Potter Facility: Fairwinds Farm

December 2 & 3, 2017

Name: _____ Telephone: _____

Address: _____

E-mail: _____ Join our mailing list? Y N Already On

Centered Riding 1-Day Clinic Saturday 9-5:00 December 2, 2017

<input type="checkbox"/> Participant	Per Day Fee	\$175.00
<input type="checkbox"/> Participant	Early Bird Fee (50% Dep by 10/15/17)	\$150.00
<input type="checkbox"/> Participating Auditor**	9:00-5:00 Per Day	\$ 50.00
<input type="checkbox"/> Non-Participating Auditor	9:00-5:00 Per Day	\$ 25.00

** Partakes in interactive exercises in the am CR workshop

Horse Agility 1-Day Clinic & Competition Sunday 9-5:00 December 3, 2017

<input type="checkbox"/> Full Participant	Per Day Fee	\$175.00
<input type="checkbox"/> Full Participant	Early Bird Fee (50% Dep by 10/15/17)	\$150.00
<input type="checkbox"/> Auditor	Per Day <input type="checkbox"/> Sunday	\$ 25.00
<input type="checkbox"/> Participant	2-Day Special (participating both days)	\$275.00

Horse Agility 1-Day Open Competition Only Option December 3, 2017

<input type="checkbox"/> Competition Only Participant	Afternoon 1:30-5:00	\$ 35.00
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(Clinic horses must arrive by 8:15am if not arriving the night prior)

Other Fees

<input type="checkbox"/> Stabling Fees per night (Shavings NOT provided) <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$ 25.00
<input type="checkbox"/> Stall Cleaning Deposit (Deposit required, but refundable if you strip your own stall)	\$10.00

BRING YOUR OWN LUNCH

Complete Registration & Liability/Info forms and mail w/payment to:

Fairwinds Farm 15 Rodman Lane North Kingstown, RI 02852

Contact host with questions or for more info: Darlene Evans-401-742-3970 or contactdarlene@gmail.com

Total cost of Participation for all events	\$ _____
Total cost of Auditing	\$ _____
Total Stabling	\$ _____
Less 50% Non-Refundable Deposit	\$ _____
Balance Due	\$ _____

Cancellation Policy:

All fees are non-refundable but fully transferable to another individual of your choosing.

Liability Waiver/Information Form

Release & Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, physical harm, or death to horse, rider, and spectator.

In consideration, therefore, for the privilege of riding and/or working around horses at New England Center for Horsemanship, located at 761 Weatherhead Hollow Rd Guilford, Vermont, or any other location that Heidi Potter may be instructing, the Undersigned does hereby agree to hold harmless and indemnify New England Center for Horsemanship, Heidi Potter, Robert Potter, their clinic/workshop hosts and further release them, their family, heirs, employees, and/or associates from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any horse owned or ridden by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I understand that use of an ASTM/SEI certified helmet and proper footwear are required at New England Center for Horsemanship and strongly encouraged for all horse related activities elsewhere, and personally accept all consequences for my decision to wear or not wear them.

Do you have any physical, mental or emotional issues that would prohibit or inhibit your abilities to safely participate in any part of this event? No Yes If yes, please explain: _____

Are you on any medications that would prohibit or inhibit your ability to safely participate in any part of this event? No Yes If yes, please explain: _____

Name/Contact Info for nearest relative _____

What are your personal goals in regards to working with or riding horses?

Circle areas of interest: Riding Lunging Horse Agility Groundwork Training Trail Riding

What discipline/s do you ride? English Western Hunters/Jumpers Dressage Pleasure

How did you hear about us? Website Word of Mouth E-Mail Flyer Advertisement
What Source? _____

May we share event photos that you may be in on our website or for advertising without your name? Yes No

Date: _____ Participants Printed Name: _____

Address: _____

Phone#: Home _____ Cell _____ Age if a minor: _____

E-Mail (Please print clearly) _____

Signature: _____

Parent/Guardian Signature (if under 18yrs): _____