

2022 Horse Agility Clinic - Registration Form

Instructor: Heidi Potter - Facility: High Horses TRP

Name: _____ Telephone: _____

Address: _____

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

Monday-February 21, 2022 9-4:00 Snow Date: Tuesday, February 22, 2022

- | | |
|---|----------|
| <input type="checkbox"/> Clinic Participant | \$125.00 |
| <input type="checkbox"/> Auditor | \$30.00 |
| <input type="checkbox"/> Clinic Lease Horse | \$30.00 |
| <input type="checkbox"/> Stabling fee per day | \$40.00 |

Notes: Bring your own lunch, snacks, etc. There will also be time allowed to run to a nearby store.
Proof of negative coggins required (Owners responsible for cleaning their horse's stalls)
Masks required

**Mail Registration Form, payment, copy of negative Coggins & Liability Waiver/Information form to:
High Horses TRP, 138 Horse Farm Road, Box 278, Sharon, VT 05065
Contact Host: Sue Miller 802-763-3280 or program@highhorses.org**

Total cost of Participation	\$ _____
Total cost of Auditing	\$ _____
Total cost of Lease Horse	\$ _____
Total cost of Stabling	\$ _____
Total Due	\$ _____
Total Deposit Paid (50%)	\$ _____
Balance Due	\$ _____

Cancellation Policy:

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

****Complete Liability Form below ****

**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 High Horses TRC located in Sharon, Vermont, 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 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 with regard to working with or riding horses?

How did you hear about us? Website Word of Mouth Facebook Flyer Newsletter Event
What Source? _____

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

Join our Mailing List Yes No E-Mail: _____

Please print CLEARLY)

Date: _____ Participants Printed Name: _____

Address: _____

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

Signature: _____

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