

**2018 Creating Harmony w/Horse Speak Clinic Registration Form
 High Horses Therapeutic Riding Program
 Clinicians: Sharon Wilsie & Heidi Potter**

Name: _____ Telephone: _____

Address: _____

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

Dates: Saturday-Monday April 21-23, 2018 Saturday & Sunday 9-5:00 Monday 9-3:00

- Participant Fee \$450.00 Early Bird Rate (50% dep & reg by 2-1-18)
- Participant Fee \$500.00 Post Early Bird Date of 2-1-18
- Auditor Per Day Fee \$ 40.00 Saturday Sunday Monday
- Auditor Per Day Fee \$ 30.00 (HHTRP Volunteers/Staff)
- Stabling Per Day Fee \$ 20.00 *Participant responsible for stall cleaning*
- Lunch Fee Per Day \$ 15.00 Saturday Sunday Monday

Mail completed forms and payment (Payable to High Horses TRP) to:

Sue Miller c/o High Horses Therapeutic Riding Program
 P.O. Box 278 Sharon, Vermont 05065
 802-763-3280 or program@highhorses.org

Facility Physical Address: 138 Horse Farm Road Sharon, Vermont

Total cost of Participation	\$ _____
Total cost of Auditing	\$ _____
Total cost of Lunches	\$ _____
Total cost of Stabling	\$ _____
Total Due	\$ _____

Cancellation Policy

Fees are non-refundable but fully transferable to an individual of your choosing

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

Liability Waiver/Information Form Release & Hold Harmless Agreement

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039. 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, Sharon Wilsie, Laura Wilsie, 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?

How did you hear about us? Website~ Newsletter~Word of Mouth~Flyer~Facebook~Magazine Ad

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): _____