

**Equine Assisted Therapy: Body Language Intensive**  
Facility: High Horses 138 Horse Farm Road Sharon, Vermont  
**Sunday March 25, 2018 10:30am to 3pm**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Auditor – Hand's On Participation is Volunteer Basis \$ 45.00

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

**Laura Wilsie 176 Hartley Hill Road South Putney, Vermont 05346**

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, of riding and/or working around horses at Wilsie Way Farm, located at 176 Hartley Hill Road South, Westminister, Vermont or any other location that Sharon Wilsie may be instructing, the Undersigned does hereby agree to hold harmless and indemnify Wilsie Way Horsemanship, 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 Wilsie Way Horsemanship and strongly encouraged for all horse related activities elsewhere, and personally accept all consequences for my decision to wear or not wear them.

**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 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): \_\_\_\_\_