

2008 HORSEMANSHIP CLINIC

June 23 - 27

THE CARRIAGE BARN
EQUESTRIAN CENTER, NEWTON, NH

REGISTRATION FORM

Rider Name: _____ Age (as of June 1st): _____

Parent / Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____

**Please see flyer or website for specific clinic requirements
One Rider per registration form**

Cost of Clinic is \$450 per Rider

Please make checks payable & mail to:

The Carriage Barn
6 Sarah's Way
Newton, NH 03858

Level of Riding Experience: _____

Goals for this clinic: _____

Liability Waiver is required for all participants
(including parent signature).
Helmets are required for all participants.

Cancellation / Refund Policy
Full refund if program is cancelled. All other
refunds at the sole discretion of
Carriage Barn Management.

Confirmation will be sent upon receipt of your registration / payment.
For more information: Phone: 603-378-0140,
E-mail: carriage-barn@comcast.net, Website: www.carriage-barn.com

RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS, the UNDERSIGNED, _____, acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury and death from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working around horses at **The Carriage Barn Equestrian Center, Sarah's Way, Newton, NH**, the Undersigned does hereby agree to hold harmless and indemnify **The Carriage Barn, LLC, Ann Miles, Builder, Inc, and Ann Miles**.

FURTHER, _____, releases them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse or equipment owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of **The Carriage Barn Equestrian Center, Sarah's Way, Newton, NH**.

Date: _____

The Carriage Barn Equestrian Center
6 Sarah's Way
Newton, NH 03858
603-378-0140

Emergency contact:
(Name & Phone)

Signature of Parent or Guardian

Rider's Name

Parent / Guardian's Name

Address

Telephone Number