

The Carriage Barn Equestrian Center
Adult Driving Clinic 2010
Registration

(One Participant per Registration, please)

Name: _____

Address: _____

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

E-mail: _____

Clinic for One Driver..... \$650 Accommodations..... \$85

Day Stall (per horse, per day)..... \$20 (per room, per night, dbl occ, shared bath)

_____ Day stalls for (circle days): _____ Room(s) for (circle overnight):

Mon Tues Wed Thur Fri

Sun Mon Tues Wed Thur

Stabling (per horse, per night)..... \$35 Use of Carriage Barn Horse..... \$50

_____ Horse(s) Overnight (circle): (Per horse, per day)
Horse for (circle days):

Sun Mon Tues Wed Thur

Mon Tues Wed Thur Fri

Name(s) of Horse(s): _____

Breed(s) of Horse(s): _____

Driving: Single Pair

Level of Experience: _____

Goals for this clinic: _____

Current Negative Coggins & Liability Waiver
are required (see reverse). Helmets are
required for participants & grooms.

Cancellation / Refund Policy
Full refund if program is canceled. Other refunds
given at the sole discretion of The Carriage Barn.

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

2010 Adult Driving Clinics
The Carriage Barn
Equestrian Center, Newton, NH
Registration Form

Driver Name: _____ DOB: _____

Physician's Name: _____

Health Insurance Company: _____

Allergies to medications: _____

Current medications: _____

In the event of emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In signing this application, the Driver agrees to the following:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: The Carriage Barn will render basic first aid as needed, but is not liable for any medical services that may be needed. Any medical services that may be needed are the sole responsibility of the Driver. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release client records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Driver for any illness or injury, as deemed appropriate by qualified medical personnel.

RELEASE AND HOLD HARMLESS: Whereas, the Undersigned, acknowledges the inherent risks involved in riding & working around horses, which risks include bodily injury & death, from using, riding or being in close proximity to horses, among other risks, & further, that both horse & Driver can be injured in normal use or in competition & schooling. In consideration, therefore, for the privilege of driving and/or working around horses at The Carriage Barn Equestrian Center, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn, LLC, The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Ann Miles, Builder, Inc, and Ann Miles. Further the Undersigned releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

ALSO, in signing this application the Driver agrees to the following:

Any damage caused by the Driver's disregard of instructors' instructions must be paid for by the Driver. The Carriage Barn will not assume liability for loss / damage of Driver's property.

Permission is also given here for use of photographs and / or video of Driver in Carriage Barn publicity, unless otherwise noted in advance.

Date: _____ Signature: _____