

The Carriage Barn Equestrian Center  
Adult Driving Clinic 2011  
Registration

(One Participant per Registration, please)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Clinic for One Driver..... \$345  
Clinic dates: August 23 - 26

Use of Carriage Barn Horse..... \$50  
(Per horse, per day)  
Horse for (circle days):

Tues Wed Thur

Day Stall (per horse, per day)..... \$20

Stabling (per horse, per night)..... \$35

\_\_\_\_\_ Day stalls for (circle days):  
Tues Wed Thur

\_\_\_\_\_ Horse(s) Overnight (circle):  
Mon Tues Wed Thur

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

2011 Adult Driving Clinics  
**The Carriage Barn**  
South Hampton, 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 riding and/or working around horses at The Carriage Barn, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn, LLC, The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Ann Miles, and \_\_\_\_\_. 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 any premises during the clinic.

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

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

The Carriage Barn reserves the right to dismiss any Driver from camp due to behavior problems (without refund).

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: \_\_\_\_\_