

**Heidi Potter Obstacle/Trail Clinic
 Southern Vt Therapeutic Riding Center @ Brookside Stables
 Wilmington, Vermont
 September 13-14, 2017**

All Levels, Disciplines & Breeds Welcome!

Name: _____ Telephone: _____

Address: _____

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

Fees

<input type="checkbox"/> Full Clinic Participant	Early Bird Discount Fee (Reg/Dep by 7/15/17)	\$325.00
<input type="checkbox"/> Full Clinic Participant	After 7/15/17	\$375.00
<input type="checkbox"/> Auditor-Per Day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$ 25.00
<input type="checkbox"/> Stabling fee per day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$ 20.00
<input type="checkbox"/> Lunch fee per day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$ 10.00

Notes: Proof of negative coggin required-mail copy w/forms
 Helmets & riding boots required

Mail registration form, payment, copy of negative coggins & Liability Waiver/Information form to:

**SVTRC
 3 Cross Country Circle Wilmington, Vt. 05363
 Contact host with questions: 802-221-4409 amber.sovtrc@gmail.com
 Facility contact info: 802-464-0267 brooksidestables@msn.com**

Total cost of Participation	\$ _____
Total cost of Auditing	\$ _____
Total cost of Stabling	\$ _____
Total cost of Lunch	\$ _____
Total Due	\$ _____
Less 50% Non-Refundable Deposit	\$ _____
Balance Due at event	\$ _____

Cancellation Policy:

All fees are non-refundable but fully transferable to another individual of your choosing.

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

Liability Waiver/Information Form

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, 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?

Circle areas of interest: Riding Lunging Horse Agility Groundwork Training Trail Riding

What discipline/s do you ride? English Western Hunters/Jumpers Dressage Pleasure

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): _____