

2021 Heidi Potter Clinic Days Registration Form
Moonrise Therapeutics Taftsville, Vt.
Saturday/Sunday, June 5 & 6, 2021

Name: _____ Telephone: _____

Address: _____

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

Saturday-June 5, 2021 Creating Enrichment for the Therapy Horse using Horse Speak®

- Participant Fee \$175.00 Early Bird Rate (50% dep & reg by 4-1-21)
 Participant Fee \$200.00 Post Early Bird Date of 4-1-21

Sunday-June 6, 2021 Compassionate Connection-Reaching the Next Level

- Participant Fee \$175.00 Early Bird Rate (50% dep & reg by 4-1-21)
 Participant Fee \$200.00 Post Early Bird Date of 4-1-21

Other Fees

- Stabling/Paddock \$ 20.00
 Horse Lease (Limited available) \$ 20.00
 Auditor Per Day Fee \$ 25.00

Bring: Negative Coggins, Face Mask, Helmet, Lunch and Refillable Water Bottle

Mail: Completed forms and payment (Payable to Moonrise Therapeutics) to host:

DJ Jesser Moonrise Therapeutics P.O. Box 96 Taftsville, VT 05073
MoonRisetherapeutics@gmail.com 802-345-5637

Total cost of Participation	\$ _____
Total cost of Stabling/Paddock	\$ _____
Total cost of Horse Lease	\$ _____
Total cost of Auditing	\$ _____
 Total Due	 \$ _____

Cancellation Policy

Fees are non-refundable but fully transferable to an 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, 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 regard to working with or riding horses?

How did you hear about us? Website Word of Mouth Facebook Flyer Newsletter Event
What Source? _____

May we share event photos that you may be in on our website or for advertising without your name? Yes No

Join our Mailing List Yes No E-Mail: _____

Please print CLEARLY)

Date: _____ Participants Printed Name: _____

Address: _____

Phone#: Home _____ Cell _____ Age if a minor: _____

Signature: _____

Parent/Guardian Signature (if under 18yrs): _____